



UAB Clinical Psychology Internship Program 2022-2023

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Birmingham, Alabama 35294-0019
205-934-9938 (UAB)
<http://www.uab.edu/medicine/psychiatry/education>

Application Due Date: November 1, 2022

APPIC Match #s:

110112 - UAB Psychiatry

110115 - UAB Child



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UAB Clinical Psychology Internship

The University of Alabama at Birmingham (UAB) Medical Center offers interns training experiences across a range of populations and settings, located in the historic Southside district of the city. In addition to psychology internship training, UAB Medicine serves as a major training facility in the region and have students, interns, residents, and fellows in nearly all health care specialties.

We have a long history of psychology internship training, beginning in the 1960s, and UAB has experienced significant growth in psychology services since that time. UAB Medicine has greatly expanded psychology services in recent years, to include multiple rotations in neuropsychology, consultation-liaison, integrated behavioral and family medicine, as well as cutting-edge clinics for LGBTQ Wellness and Post-COVID.

Local Information

The city of Birmingham has a population of 209, 880 (U.S. Census Bureau estimate, 2019) and is the central hub of a metropolitan area of 1.1 million people. Known as the Magic City, Birmingham is a vibrant urban landscape known for its history in the civil rights movement, world-class medical research, and celebrated food, music, and arts scene. Birmingham and the associated VA CBOC communities are all within close proximity to a wide array of green spaces, including lakes, rivers, streams, and hiking trails.

Click the link below for a quick video tour of what Birmingham has to offer!

<https://www.youtube.com/watch?v=HC9Ke6O-TOs>

Additional locale information can be found at the following links:

<https://www.birminghamal.org/>

www.bhamnow.com

<https://birmingham.momcollective.com/>

Accreditation Status

The UAB Medicine Clinical Psychology Pre-Doctoral Internship is currently applying for accreditation as an independent internship from its previous status as a consortium with the Birmingham VA. However, we will maintain the accredited consortium agreement until independent accreditation has been achieved.

APA can be contacted at:

American Psychological Association
750 First Street NE
Washington, DC 20002-4242.
(202) 336-5979 or (202) 336-5500

Selection Procedures

Eligibility

A candidate for the UAB Clinical Psychology Internship Program is considered based on the following:

- Candidates must show verified progression within a doctoral program in Clinical Psychology that is APA-accredited (or in the process of APA accreditation with reasonable likelihood of success). Candidates are eligible for VA track if they have attended institutions accredited by the following: American Psychological Association (APA), Canadian Psychological Association (CPA), or Psychological Clinical Science Accreditation System (PCSAS).
- US Citizenship is not required.
- There are no minimum required hours for application. Our settings and faculty offer training across a broad array of clinical experiences, including neuropsychology, Behavioral medicine, trauma recovery, and rehabilitation. We welcome applicants with primary interests in assessment, intervention, or both.
- We are strongly committed to building a diverse internship class and welcome applications from prospective trainees of varied ethnic, cultural, sexual orientation, and/or disability backgrounds.

Interested individuals who meet eligibility criteria should submit the following application materials using the online AAPI application process. All application materials are **due by November 1, 2022**.

- The APPIC Application for Psychology Internship (AAPI)
- A cover letter indicating intent to apply to the internship and internship training interests. Please indicate the track (s) to which you are applying: UAB Psychiatry Generalist, UAB Psychiatry Neuropsychology, UAB Behavioral medicine or UAB Child.
- A curriculum vita
- Official graduate transcripts
- A minimum of three letters of reference (not including the letter of verification from the Graduate Training Director)

Interviews

Interview invitations will be sent via email no later than **November 15, 2022**. Applicants will be offered two dates from which to choose and the opportunity to identify faculty they would like to meet. Interviews will be conducted virtually in 2022/2023 due to the COVID-19 pandemic. Virtual interviews for child-track applicants will be held on **December 9** and **December 12, 2022**. Virtual interviews for adult-track applicants will be held on **December 12, 2022** and **January 9, 2023**.

Selection

The UAB Clinical Psychology Internship Program complies with all APPIC guidelines in the recruitment and selection of interns and participates in the computer match program. The program agrees to abide by the APPIC policy that no person at this training program will solicit, accept, or use any ranking-related information from any intern applicant. A complete copy of APPIC policies can be found at the APPIC website at www.appic.org. Those matched will be contacted by the Training Directors at the appropriate time on match day. Matched interns are also notified via e-mail as well as USPS mail to obtain appropriate signatures. Letters of recognition of the match are sent to each intern's program director.

Requirements for Completion/Performance Standards

To complete the internship successfully, interns must achieve:

- Average ratings of (5) *Little consultation/Supervision needed. Sound clinical thinking/judgement evident overall. Intern exit level* on all competency elements on their final rotation evaluations
- Satisfactory rating on research presentation
- Satisfactory rating on peer supervision skills during weekly group psychotherapy supervision
- Equivalent of one year of a full-time training internship (2000 hours)

Psychology Training Overview

Internship Positions

Internship slots (6) are funded by UAB Medicine. There are four adult-track positions and two child-track positions. For the adult track of the internship, the Department of Psychiatry and Behavioral Neurobiology funds two internship positions, one generalist, one neuropsychology. The Department of Family Medicine will also fund two adult track positions with a behavioral medicine focus. The two child-track positions are funded by the UAB Maternal and Child Health Leadership Education in Neurodevelopmental and Related Disabilities (LEND) program which is housed within UAB Civitan-Sparks Clinics.

Program Leadership

Dr. Tiffany Nowell is the training director for the adult track (tnowell@uabmc.edu, 205-934-9938) and Dr. Sarah O'Kelley (sokelley@uab.edu, 205-975-5781) is the training director for the UAB LEND program, and acts as a liaison for other child-focused rotations. Dr. Nowell and Dr. O'Kelley act as the executive leadership committee and maintain overall responsibility for the internship program.

Program Training Sites

[The University of Alabama at Birmingham \(UAB\)](#) offers interns training experiences across a range of populations and settings. In addition to psychology internship training, UAB serves as major training facilities in the region and has students, interns, residents, and fellows in nearly all health care specialities.

UAB is a large service, research and educational complex consisting of the Medical Center, University College, and the Graduate School. UAB is the state's largest employer occupying more than 70 square blocks on Birmingham's Southside. Associated with the University, [Children's Hospital of Alabama](#) serves as an additional training site for UAB-funded psychology interns.

Numerous resources are utilized in the Internship Program including multiple programs at the stipend sites of [UAB Psychiatry](#) (including the [Community Psychiatry Program](#) and [Center for Psychiatric Medicine](#)), [Family Medicine](#), and [Civitan-Sparks Clinics](#) (through funding by [LEND training grant](#)). In addition, interns are able to train in additional UAB clinical settings, such as the [Spain Rehabilitation Center](#) and the [Neuropsychology Division of the Department of Neurology](#). Faculty functions include clinical service, research, and teaching (medical students, psychiatric residents, psychology interns, clinical psychology graduate students, social work trainees, postdoctoral fellows, and allied health trainees).

Training Model and Program Philosophy

The UAB Psychology Internship is committed to the philosophy that psychological practice should be based on the science of psychology which is influenced by the professional practice of psychology. We are grounded in the **scientist-practitioner** model and believe interns should receive training that integrates research and clinical experience. In particular, we are committed to the practice of empirically supported treatments.

The Internship also holds the philosophy that the internship year is best served with generalist training, which includes a variety of experiences with a variety of populations. Although some students may begin specializing during the internship year, they must do so while completing generalist experiences. The need for training to be graded in complexity, sequential, and cumulative is viewed as vital to the overall professional development of the intern. With this in mind, the primary goal for the training year is to prepare interns for the professional practice of clinical psychology. Thus, interns are expected to develop competence for entry-level practice in preparation for postdoctoral employment or specialty training.

The Internship is also committed to the philosophy that training is best accomplished in a manner that respects the trainee and their individual needs throughout the year. Our ability to construct a schedule specific to the needs of each intern and to revise that schedule as the needs of the intern change is vital to this internship site. Interns are treated as junior colleagues

and mutual respect between interns and faculty is paramount, wherein interns can expect supervision, mentorship, and collegiality.

COVID-19 Statement

Interviews for the 2023-2024 training year will be conducted virtually. Applicants will have the opportunity to speak with both faculty supervisors and current interns on interview days. We do not anticipate any changes in future start dates or number of funded positions due to the COVID-19 pandemic.

UAB is currently finalizing vaccination requirements in consideration of new federal mandates for organizations of 100+ employees.

UAB and Children’s Hospital are all working diligently to provide effective, evidence-based evaluation and treatment to patients without compromising the safety of our interns, other trainees, patients, and staff. The pandemic has taught us that there is much that we cannot predict about upcoming training years. Here is what we do know: Our commitment to high-quality clinical care and training has never been stronger! The UAB Internship is closely following guidelines from our host institution as well as APA and APPIC during the current COVID-19 pandemic. Since the start of the pandemic, we have worked to adjust our processes for providing clinical care and training in accordance with CDC guidelines. We expect ongoing adaptations over the next year as vaccination rates increase and community infection rates fluctuate. We have rapidly expanded opportunities for providing direct clinical services via telehealth platforms. All sites are now offering in-person care as well, with safety modifications in place. At the start of the pandemic, we transitioned all of our didactic training (intern seminar, journal clubs, etc.) and group supervision to phone and zoom platforms. Currently, individual supervision is a mix of tele-supervision and in-person supervision, depending on the rotation. We are exploring a return to in-person didactic training and group supervision. At this time, all training rotations are operational.

We have attempted to detail any covid-related modification information for specific rotations in the Rotations section below; however, please contact Dr. Tiffany Nowell (tnowell@uabmc.edu) and/or Dr. Sarah O’Kelley (sokelley@uab.edu) with questions and concerns about specific training experiences or processes. All training experiences will be conducted in accordance with CDC guidelines. Interns are able to receive COVID-19 vaccinations through Employee Health at UAB or at community clinics. Interns who are high-risk for COVID-19 complications are able to request accommodations through the Human Resources Department of their stipend site.

Program Aims and Competencies

The aim of our program is to train future psychologists who are competent to provide high-quality clinical services which are grounded in scientific research. We train interns to achieve competence in the following core areas. Interns are provided formal, written feedback on

progress toward competencies at mid-rotation and the end of each rotation. Interns also receive informal feedback from their supervisors throughout their training experience.

Research: Interns will demonstrate substantially independent ability to critically evaluate and disseminate research or other scholarly inquiries (e.g, case conference, presentation, publications) at the local, regional, and/or national level.

Evaluation: This competency is evaluated via a research presentation which will occur at neuropsychology seminar, Psychotherapy Consultation Series or Case Conference, or UAB Psychiatry Grand Rounds. At least 3 faculty members attend and evaluate the presentation. Research presentations may consist of the intern's original research or a clinical case conference focused on published peer-reviewed research that illuminates a complex case or disorder. Additionally, rotation supervisors are expected to evaluate the intern's ability to integrate relevant literature regarding assessment and/or intervention relevant to patients being seen in the clinical setting. An intern is expected to use literature to inform clinical decision making.

Ethical and Legal Standards: Interns will be knowledgeable of and act in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels. They will recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas. They will behave in an ethical manner in all professional activities.

Evaluation: This competency will be observed by direct supervisors through observation of clinical activities and weekly supervision. It will also be observed by indirect supervisors and other staff, including treatment team members and peers.

Individual and Cultural Diversity: Interns will demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves, as well as knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service. They will also demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their training and careers to date. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict or contrast with their own. They will demonstrate the independent ability to apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

Evaluation: Interns participate in interactive didactics on a variety of topics related to individual and cultural diversity. Additionally, interns are expected to regularly discuss considerations of individual and cultural diversity with their clinical supervisors.

Professional Values, Attitudes, and Behaviors: Interns are expected to behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. They engage in self-reflection regarding one's personal and professional functioning and engage in activities to maintain and improve performance, well-being, and professional effectiveness. They actively seek and demonstrate openness and responsiveness to feedback and supervision and respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Evaluation: Supervisors provide assessment of professionalism across activities in all aspects of the training program, including seminar participation and presentations, clinical activities, team meetings, and supervision.

Communication and Interpersonal Skills: Interns will develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. They will produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated and demonstrate a thorough grasp of professional language and concepts. Interns will demonstrate effective interpersonal skills and the ability to manage difficult communication well.

Evaluation: Supervisors will observe and evaluate the intern's communication and interpersonal skills across a broad range of contexts, including direct patient care and consultation with other professionals and trainees.

Assessment: Interns will select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics to collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. They will also interpret assessment results following current research and professional standards and guidelines to inform case conceptualization, classification, and recommendations while guarding against decision-making biases and distinguishing the aspects of assessment that are subjective from those that are objective. Finally, interns are expected to communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences. The intern will exhibit the ability to generate a formal report incorporating history, interview, collateral information (if available), behavioral observations, and testing data that integrates information into an accurate conceptualization of the individual. The report will include strengths, areas of

weakness, diagnostic conclusions, possible additional evaluation needs, and treatment recommendations. At the end of the training program, the intern's report should require only minimal editing by the supervising psychologist.

Evaluation: Interns' assessment skills will be evaluated across a variety of major and minor rotations requiring various assessment approaches, including interviews, self-report measures, structured interview formats, personality measures, intellectual and cognitive measures, adaptive behavior scales, and provision of feedback.

Intervention: Interns will establish and maintain effective relationships with the recipients of psychological services. They will develop evidence-based intervention plans specific to the service delivery goals and implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. They will modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking. They will evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.

Evaluation: This competency is evaluated through individual and group therapy cases independent of a major or minor rotation as well as any intervention experiences associated with selected rotations.

Supervision: Interns will apply supervision knowledge in direct or simulated practice with psychology trainees or other health professionals.

Evaluation: This competency is evaluated during weekly group psychotherapy supervision, as interns take turns providing peer supervision to each other. There are additional opportunities to develop supervision competency throughout the year, including supervision of junior level trainees.

Consultation and Interprofessional/Interdisciplinary Skills: Interns demonstrate knowledge and respect for the roles and perspectives of other professions. They are expected to apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, and/or systems related to health and behavior.

Evaluation: Supervisors observe and evaluate interns' interactions with other professionals in a variety of contexts across major and minor rotations.

Program Structure

Interns should plan to complete all major rotations within their funding site. During orientation, interns learn about available training experiences. Rotation supervisors attend orientation in conjunction with their institution or department colleagues to discuss the population served, what problems are seen, how this rotation adds to diversity and inclusion training, and in what activities interns may participate. Interns are also assigned a year-long supervisor from their

funding site prior to the start of the internship year. The year long supervisor attends orientation and assists with planning rotation schedule, considering gaps in previous training, goals for internship year, and future career goals. At the end of the second day of orientation, interns, their year-long supervisors, interested faculty members, and the training directors assemble to build the rotation schedules for the intern class.

Sometimes, the order in which an experience is completed may change due to limited availability within a training rotation. Because many rotation supervisors provide clinical services throughout the week and maintain active clinical practices, it is rare that an intern is unable to complete an experience. Typically, the intern will be able to train in the setting or with the faculty member of interest but perhaps during a different time than originally requested. While it is expected that interns will schedule their training experiences during orientation, the intern has the option to review the proposed program and to consider alternatives as the intern gathers additional information from peers about a rotation, identifies a deficit to remediate that requires a change, or would benefit from a different experience to prepare for a postdoctoral or employment opportunity. Changes will be made in consultation with the year-long supervisor and training directors. Any proposed changes to a schedule cannot adversely affect another intern's program of training.

The internship year was traditionally divided into three 4-month trimesters. However, we have increasingly adapted a flexible arrangement for time frame, as several rotations function better with a commitment of at least 6 months to establish rapport with patients and complete a course of psychotherapy. It is expected that interns will complete at least 4 distinct rotations. Interns also maintain a caseload of approximately 2 psychotherapy cases outside their rotations throughout the training year. All interns attend a weekly group supervision seminar (1.5-2 hrs on Mondays). Within the weekly group supervision meeting, interns learn evidence-based psychotherapy protocols (e.g., Cognitive Behavioral Therapy for Depression). Referrals come from UAB Psychiatry. The interns take turns providing in-depth overviews of their therapy cases and offering feedback to each other. As the training year progresses, interns take turns leading the weekly seminar and thus have the opportunity to receive feedback and formal evaluation from faculty supervisors on their peer supervision skills. During the training year, child-track interns' psychotherapy caseloads should include at least 2 patients or intervention activities (e.g., social skills group) with children at the Civitan-Sparks Clinics and may include child and/or adult patients supervised by other internship faculty.

All interns participate in a weekly didactic seminar on Monday afternoons from 4:00-5:00pm. Neuropsychology-focused interns also attend weekly seminar on Mondays from 3:00-4:00pm. This seminar alternates among fact-finding, case presentations, and journal article discussions. Child-track interns participate in a weekly Neurodevelopmental Disabilities Core Lecture Series (weekly on Thursday at noon).

Supervision

Interns receive a *minimum* of 4 hours of supervision per week, including at least 2 hours of individual supervision. While supervision is typically conducted face-to-face, tele-supervision is currently utilized by many supervisors due to the COVID-19 pandemic and to increase flexibility of scheduling. Interns will receive supervision from the following sources across the training year:

1. *Year-long supervisor:* Each intern is assigned a year-long supervisor at the start of the training year. This supervisor assists the intern in development of their rotation schedule and training plan for the year and acts as their advocate throughout the internship year. The year-long supervisor meets with the intern at least monthly throughout the training year. The supervisor will also make reports or convey requests to the Internship Training Committee (ITC). The supervisor will be responsible for compiling the intern's rotation and therapy evaluations, assuring/documenting that the intern has reviewed the evaluation and been provided an opportunity to respond, and, in conjunction with the ITC, evaluating the intern's progress toward meeting profession wide competencies and minimum level of achievement necessary for successful internship completion. Additionally, year-long supervisors are expected to monitor supervision received by the intern to assure it meets accreditation standards of regularly scheduled.
2. *Rotation supervisor:* A rotation supervisor is a faculty psychologist or other professional approved by the PTC who teaches, instructs, observes, and otherwise assumes direct responsibility for a specific clinical training activity. Interns receive at least 1 hour per week of regularly-scheduled individual supervision from their major and minor rotation supervisors. In addition to scheduled supervision, interns frequently conduct assessments and therapy sessions along with their supervisors, allowing for in-vivo supervision. Supervisors will evaluate the intern at the 6 week point of the rotation to give formative feedback and at the conclusion of the training activity to provide a summary performance assessment. Evaluations are discussed with the intern and communicated to the year-long supervisor.
3. *Case supervisor:* Interns also carry caseloads of at least 2 psychotherapy patients outside their rotations throughout the year. All interns receive patients from UAB Psychiatry and attend a 2-hour group supervision with Dr. Tiffany Nowell. The evidence-based treatment, Cognitive Behavioral Therapy for Depression protocol, is the therapeutic modality initially taught and used by interns. Additional evidence-based psychotherapy protocols may be added across the training year, depending on intern level and skill. Child-track interns' caseloads should include at least 2 patients or intervention activities

(e.g., social skills group) with children at the Civitan-Sparks Clinics and may include child and/or adult patients supervised by other internship faculty

Adult Track Overview

There are four adult training tracks, (a) one generalist track position funded by UABMC Department of Psychiatry, (b) one neuropsychology track position funded by UABMC Department of Psychiatry and (c) two behavioral medicine track positions funded by UABMC Department of Family Medicine and Department of Psychiatry. Major rotations are defined by the individual track, and, thus, funding source. For example, an intern funded by UABMC Department of Psychiatry is limited to major rotations within that department. Minor rotations are chosen from the multitude of additional training opportunities, regardless of funding source, to ensure mastery of all Profession-Wide Competencies.

Generalist Track: This adult track emphasizes the provision of quality clinical training under faculty supervision to ensure solid foundational skills to increase interns' ability to provide competent and flexible services to a general outpatient population. Available major rotations are predominantly intervention focused but also include assessment opportunities (primarily neuropsychological evaluation). Intervention options span several theoretical orientations (e.g., psychodynamic, second wave CBT, third wave CBT), types of interventions (e.g., manualized ESTs, process oriented individual therapy), settings (e.g., inpatient psychiatry, outpatient, community mental health, integrated primary care), and populations (e.g., geriatric, child and adolescent, underserved, early phase psychosis). There may also be opportunities to gain supervision experience and for program development, depending on supervisor availability and intern interest. Though generalist training is encouraged, interns may, if desired, specialize with a specific population. Please reference the rotation descriptions below for more specific opportunities.

Neuropsychology Track: Interns desiring eventual board certification in clinical neuropsychology will easily meet the requirement for 50% neuropsychology training, through UAB.

Major rotations at UAB Psychiatry occur on both inpatient and outpatient units to provide interns with individualized experiences in assessment administration, scoring, case conceptualization, report writing, interviewing and feedback. There are also opportunities for comprehensive treatment planning which often includes tailored, actionable recommendations that can incorporate short-term behavioral and cognitive behavioral interventions offered within the department. Through these rotations, interns will gain experience with a wide variety of neurological populations often with comorbid complex medical and/or psychiatric

histories. A minor rotation in the Department of Neurology offers outpatient evaluations with a variety of neurologic conditions, including dementia, movement disorders, pre-DBS and pre-epilepsy surgery evaluations, brain tumor evaluations, and Wada testing. Additionally, experience with inpatient and outpatient TBI/Acquired Brain Injury and stroke services are another minor rotation within the Department of Physical Medicine and Rehabilitation; multidisciplinary teamwork is often a major component to this rotation. Lastly, there are several board-certified faculty members to provide training consistent with Houston Conference Guidelines.

Behavioral Medicine Track:

Individuals selecting the Behavioral medicine track will be funded through Family Medicine. As such, major rotations will typically occur in this setting. There are also multiple rotation offerings with a Behavioral medicine focus in other departments. Interns may choose a minor rotation with UAB Behavioral Sleep Medicine where they may arrange their training to meet requirements for board certification in Behavioral Sleep Medicine. Integration into the Functional Neurological Disorders clinic will allow for multidisciplinary teamwork for patients with FND, including the intern being a main component of treatment. Interns may also choose a minor rotation in the Medical/ Surgical Behavioral Medicine rotation which encompasses the UAB transplant service and Bariatric Services. Within UAB Psychiatry, outside of family medicine, interns may also gain experience in a novel integrated behavioral healthcare program in both primary care and nephrology clinic settings. Additionally, interns may choose to do a major or minor rotation in UAB's COVID-19 clinic or Emergency Department.

Trauma Recovery Opportunities:

Although not a formal track, interns may gain experience treating patients with childhood and other non-military PTSD through a year-long minor rotation (1 day per week) with UAB Department of Psychiatry's Trauma and Related Disorders Clinic. In addition, both focused trauma intervention and trauma-informed care is provided across the outpatient services in the Department of Psychiatry (e.g., general outpatient, community mental health). Interns may also gain experience with treating acute trauma reactions by selecting minor rotations with the Medical Trauma service and/or Spinal Cord Injury Service at Spain Rehabilitation Center.

Rehabilitation Psychology Opportunities:

Although not a formal track, interns may choose minor rotations with Spain Rehabilitation Psychology (Spinal Cord Injury/Pain, Medical Trauma, Inpatient Stroke, and TBI/Acquired Brain Injury). Through these rotations, interns can gain additional experience with conducting medical/psychosocial evaluations as well as brief interventions focusing on pertinent considerations for patients within an inpatient rehabilitation setting (i.e., behavioral management/intervention, environmental management, family education and counseling, crisis

intervention). An opportunity to provide behavioral health services for outpatient Cardiopulmonary Rehabilitation services may also be available via the Medical Trauma minor rotation.

Rotations

| Location | Rotation | Setting | Major | Minor |
|-----------------|--|----------------------|----------|-------|
| Psychiatry | Consultation & Liaison Neuropsychology | Inpatient | X | X |
| Psychiatry | Medically Complex Diagnostic Neuropsychology Service | Outpatient | X | X |
| Psychiatry | Medical/Surgical Neuropsychology | Outpatient/Inpatient | X | X |
| Psychiatry | Brain Health Clinic | Outpatient | X | X |
| Psychiatry | Post-Covid Clinic | Outpatient | X | X |
| Psychiatry | ADHD Clinic | Outpatient | | X |
| Psychiatry | Adolescent Mental Health Evaluation Service | Inpatient | | X |
| Psychiatry | Functional Neurological Disorders (FND) Clinic | Outpatient | X | X |
| Psychiatry | Outpatient Therapy in Community Mental Health (SMI & non-SMI) and First Episode Psychosis (FEP) | Outpatient | X | X |
| Psychiatry | Medical/Surgical Behavioral Medicine | Outpatient | possible | X |
| Psychiatry | UAB Emergency Department | Outpatient | | X |
| Psychiatry | Behavioral Sleep Medicine | Outpatient | | X |
| Psychiatry | LGBTQ Health and Wellness Clinic | Outpatient | possible | X |
| Psychiatry | Trauma Related Disorders Clinic | Outpatient | | X |
| Psychiatry | Integrated Behavioral Medicine Service (iBeMs) | Outpatient | X | X |
| Psychiatry | Psychology Rapid Intake Clinic | Outpatient | possible | X |
| Psychiatry | Pediatric Primary Care | Outpatient | | X |
| Psychiatry | Child and Family Therapy | Outpatient | | X |
| Family Medicine | Primary Care Behavioral Medicine | Outpatient | X | |
| Neurology | Adult/Geriatric Neuropsychology | Outpatient | | X |
| SRC | Rehabilitation Psychology- Spinal Cord Injury | Inpatient/Outpatient | | X |
| SRC | Rehabilitation Psychology- Medical/Trauma Inpatient & CPR Outpatient | Inpatient/Outpatient | | X |
| SRC | Rehabilitation Neuropsychology- Neurotrauma TBI & Stroke | Inpatient | | X |
| SRC | Adult Neuropsychology: Acquired Brain Injury, Post-Concussive, Post-Stroke, Capacity to Drive, TBI follow-up | Outpatient | | X |

UAB Department of Psychiatry and Behavioral Neurobiology

1. Consultation-Liaison (CL) Neuropsychology Rotation

Preceptor: Ashley Reno, Psy.D.

Rotation Type: Minor (1.5 days)

Required times: Monday and Wednesday with some flexibility

Patient Characteristics: Patient population includes primarily adults seen on an inpatient basis. Referrals come from five of our inpatient psychiatry units and occasionally from UAB Highlands Hospital and the main UAB Hospital. Common diagnostic categories represented include primary psychiatric disorders, neurologic (e.g., Dementia, TBI, Stroke, etc.) vs psychiatric manifestations, substance abuse history, and medical decision-making capacity evaluations. This population often has a wide variety of acute and chronic medical problems that make case conceptualization quite complex.

Distribution of Activities: Inpatient neuropsychological assessment includes bedside interview, test selection, report writing, and feedback to patients and interdisciplinary team members. The intern may also perform testing with the patient at bedside if desired or if psychometric support is unavailable. Concise and clear report writing is emphasized, ranging from short staffing notes to neuropsychological testing reports in a medical format.

Assessment Characteristics: On this minor rotation, interns will gain experience with a rapid consult model in an inpatient, interdisciplinary setting. Interns will conduct all portions of the evaluation in a graduated manner. Evaluations range from abbreviated cognitive screening assessments to comprehensive neuropsychological test batteries. The latter will include intellectual assessment and objective evaluation of memory, attention, processing speed, executive functioning, language, visuospatial functioning, and mood/personality.

Time Commitment: Inpatient assessment typically occurs on Monday and Wednesday. Additional time for writing can occur on other days. Some travel may be required if a consult is at UAB Highlands Hospital, though this is a quick car ride from the main hospital and offers free parking.

Goals of Rotation: The goal of this rotation is to familiarize interns with neuropsychological assessment on an inpatient basis with psychiatrically and medically complex patients. The rotation is appropriate for interns with neuropsychological assessment experience, including those with advanced pre-internship training in clinical neuropsychology.

COVID-19 Status: This rotation is being offered as an in-person rotation only as it takes place on our inpatient units.

2. General Neuropsychology / Medically Complex Neuropsychology Rotation

Preceptors: Ashley Reno, Psy.D. (Primary) and Brittney Randolph, Ph.D.

Rotation Type: Major (2.5 days) or Minor (1.5 days)

Required times: Monday, Wednesday, and/or Thursday (some flexibility)

Patient Characteristics: Patients are referred from a variety of sources including Primary Care, Psychiatry, Neurology, Rheumatology and other services throughout the hospital system. Often, these patients require us to address an identified concern (e.g., diagnostic clarification, language comprehension, uncertainty, etc) in the context of a complex medical, neurological

and/or psychiatric history. We see a wide range of conditions including autoimmune and infectious disorders, early-onset/atypical dementias, medication- or substance-induced cognitive impairment, functional cognitive disorders, hypoxic/anoxic brain injury, cerebrovascular disease, sleep disorders, psychiatric comorbidity, and neurodevelopmental disorders. Some referrals are also seen as follow-up to an inpatient hospitalization.

Distribution of Activities: Supervised clinical training allows trainees to experience all aspects of neuropsychological evaluation, including clinical interviewing, test selection, interpretation and synthesis of test results, provision of recommendations and communication of results to patients, caregivers, and referral sources. Psychometry support is available.

Assessment Characteristics: This rotation will focus on comprehensive neuropsychological evaluations where interns will build skills in performing diagnostic interviews aimed at differential diagnosis, hone medical record based report writing skills, and provide targeted feedback. This rotation is good for advanced trainees given the breadth of complex conditions that often interplay upon cognitive skills.

Time Commitment: This rotation is offered as either a major rotation (2 assessments) or a minor rotation (1 assessment). Outpatient evaluations with Dr. Reno occur on Monday, Wednesday, and Thursday. Outpatient evaluations with Dr. Randolph occur on Tuesday mornings and Wednesday afternoons. Writing days can be scheduled at your convenience.

Rotation Goals: The primary goal of this rotation is to build upon previous neuropsychological diagnostic skills to advance towards readiness for board certification in neuropsychology. This rotation is not ideal for those without prior testing experience or limited experience. Given the complex nature, it is expected that literature reviews may need to be completed to help with diagnostic clarification of presenting cognitive profiles.

COVID-19 Status: This rotation offers both hybrid in-person and telehealth training.

3. Medical/Surgical Neuropsychology Rotation

Preceptor: Brittney Randolph, PhD

Rotation Type: Major (2.5 days) or Minor (1.5 days)

Required times: Wednesday and Thursday; third day is flexible

Patient Characteristics: Most transplant patients seen on this rotation are candidates for heart and lung transplantation, including VAD placement, referred by the UAB Department of Surgery's Cardiothoracic Transplant Service as part of a series of pre-transplant medical evaluations. Patients are also seen referred for kidney, liver, and pancreas transplantation, though these do not occur quite as frequently. A niche component of this service is its involvement in UAB's Uterine Transplant Service, one of four sites in the US offering this type of surgery. Overall, patients are roughly seen 50 percent on an outpatient basis, while the remaining 50 percent are seen on an inpatient basis. Patients range in age from the mid-teens to mid-seventies and present with a wide range of medical, psychiatric, and behavioral diagnoses.

Distribution of Activities: Roughly 30 percent of the intern's time is devoted to evaluation, which includes conducting clinical interviews and possibly administering and scoring neuro/psychological measures. Approximately 50 percent of the intern's time is devoted to reviewing patient records and information, test interpretation, and report writing. The

remaining 20 percent of time is spent in transplant team meetings, didactic meetings or learning opportunities, and supervision.

Assessment Characteristics: All assessments include a thorough diagnostic clinical interview that includes an evaluation of patients' treatment compliance, substance use, exercise, diet, health behavior, psychiatric, social, academic, and vocational histories, social support network and stress-coping skills. The evaluations are geared toward helping the Transplant Service determine the candidate's suitability for transplantation, identifying areas of concern that may negatively impact upon the individuals transplant candidacy (e.g., limited, and inconsistent social support, cognitive deficits), and suggesting ways in which these limitations may be practically addressed. Neuropsychological testing evaluates intellectual, attentional, memory, expressive language, visuosperceptual, and executive cognitive functions being assessed. There is also a neurobehavioral component for in person patients. Psychometrician support is typically available for outpatient test administration and scoring. While a "standard" battery of tests is routinely used, the battery may be tailored to accommodate the specific needs of patients.

Intervention Characteristics: This rotation provides the occasional opportunity for inpatient or outpatient short-term psychotherapy, as well as patient education to improve/enhance compliance and adherence behaviors.

Time Commitment: Outpatient evaluations occur on Wednesday and Thursday's mornings, though uterine transplant evaluations do not occur as steadily just yet. Optional: Lung and Heart transplant team meetings are held from 7:30 to 9:00 am on Wednesday and Thursday mornings, respectively. The multidisciplinary Liver Disease Conference is held Tuesday mornings at 10 am.

Rotation Goals: The general goal for the rotation is to familiarize interns with neuropsychological evaluation of medical/ surgical patients. Additional learning will comprise functional neuroanatomy and general knowledge of medical procedures as they relate to the patients' conditions and follow up care. Supervision over the course of the rotation will typically follow a graduated approach, with increasing responsibility being given to interns as the competency increases. The rotation is appropriate for interns with limited neuropsychological assessment experience, as well as those with advanced pre-internship training in clinical neuropsychology. Some reading may be required prior to this rotation to familiarize the intern with the medical and surgical procedures.

Note: Collaborative research activities are available for interested interns. For 2022 onward there is the option for collaboration on a multi-site transplant database, grant submission and possible publication work.

COVID-19 Status: This rotation is a hybrid of telemedicine and in-person work; outpatients are primarily seen as telemedicine though inpatients require you to be on site and working throughout the hospital. Be sure to download the Wayfinder app for in person purposes.

4. Brain Health Clinic

Preceptor: Kristine Lokken, PhD

Rotation Type: Major (2.5 days) or Minor (1.5 days)

Required times: Tuesday and Thursday

Patient Characteristics: Outpatient neuropsychological assessments on adult patients with cognitive complaints or for those seeking prevention (baseline evaluation) or early intervention for cognitive decline. Recommendations are often accompanied by tailored brain health programs for each individual. Common diagnostic categories represented include SCI vs MCI vs normal aging, Dementia (AD, VAD, PD, etc), depression, anxiety, and cognitive disorders secondary to chronic medical or psychiatric conditions. Patients will vary in presenting complaints and complexity.

Distribution of Activities: The intern would engage in interview, test interpretation, and report writing in a graduated approach, based on the intern's experience and interests. Administration of neuropsychological testing may be required from time to time, depending on technician availability. The rotation is most appropriate for interns with advanced pre-internship training in clinical neuropsychology.

Intervention Characteristics: There is opportunity to participate in an 8-week Brain Health class series that incorporates lifestyle therapeutics. Additionally, we provide a caregiver skills class though this does not necessarily pull from the current patient population and may be more reflective of others

Time Commitment: This rotation is offered as either a minor rotation (1.5 days) or a major rotation (3 days) in combination with other rotations with Dr. Lokken (e.g. Post-COVID NeuroClinic or intervention experiences).

Goals of Rotation: The goal of this rotation is to hone your diagnostic accuracy, identifying underlying root cause to brain health issues and utilizing ,multi modalities for treatment

Note: Collaborative research activities are available for interested interns.

COVID-19 Status: This rotation is a combination of telemedicine and in-person work.

5. Post-COVID Clinic

Preceptor: Kristine Lokken, PhD

Rotation Type: Major (2.5 days) or Minor (1.5 days)

Required times: Tuesday and Thursday

Patient Characteristics: Outpatient neuropsychological assessments on patients with persistent cognitive complaints >12 weeks following positive SARSCoV-2 test. Patients will vary in presenting complaints and complexity.

Distribution of Activities: The intern would engage in interview, test interpretation, and report writing in a graduated approach, based on the intern's experience and interests. Administration of neuropsychological testing may be required from time to time, depending on technician availability. A pre-determined, research-based battery of neuropsychological measures is utilized via telehealth administration. Patients will likely participate in serial neurocognitive assessments to further understand naturalistic course of neurocognitive issues

in post-COVID patients. The rotation is most appropriate for interns with pre-internship training in clinical neuropsychology.

Intervention Characteristics: There is the opportunity to participate in a 4-part Post-COVID educational series that is being offered through telemedicine or participation in individual Post-COVID CBT/ACT Psychotherapy. The 4-part series, titled “Moving towards wellness: Coping after a COVID-19 diagnosis” will be taught on Tuesdays from 3:30-4:30pm via Zoom. As desired, students can provide intervention via individual therapy with an emphasis on behavioral and cognitive orientations and techniques.

Time Commitment: This rotation is offered as either a minor rotation (1.5 days) or a major rotation (3 days) in combination with other rotations with Dr. Lokken (e.g. Brain Health Assessments or intervention experiences).

Goals of Rotation: The goal of this rotation is to familiarize students with the cognitive profile of individuals who have had a positive SARSCoV-2 diagnosis and present with cognitive complaints. Ultimately, students are expected to become independent practitioners with tiered levels of supervision being offered, offering patients concrete recommendations for return to independent living.

Note: Collaborative research activities are available for interested interns.

COVID-19 Status: This rotation can be primarily telemedicine.

6. ADHD Clinic: Diagnostic & Treatment

Preceptor: Ashley Hanson, Ph.D.

Rotation Type: Minor (1.5 days)

Required Day: Friday mornings for evaluation, other time can be negotiated

Patient Characteristics: Patient population includes individuals primarily over the age of 18, seen on an outpatient basis only. Common diagnostic referrals include ADHD vs psychological manifestation with the occasional psychodiagnostic or medical comorbidity.

Assessment Characteristics: After completing a thorough psychodiagnostic interview that reviews educational history in detail, interns will learn to employ measures that assess intellectual and academic skills, as well as attention and working memory functioning, processing speed and executive abilities. Personality assessment, particularly use of projective instruments, is brief in nature. Interns also learn to interpret self-report measures of ADHD and executive functioning. Interns are expected to participate in initial interviews for testing cases and also in feedback sessions. Psychometric support is available.

Intervention Characteristics: When intervention is offered it usually consists of individual therapy with an emphasis on behavioral and cognitive orientations and techniques. Group therapy can also be offered for the interested intern. Interns are not expected to assume a leading role in intervention, unless they request to do so.

Goals of Rotation: This rotation can be tailored to each intern’s specific training needs. Training and supervision will follow a graduated approach, increasing responsibilities as appropriate for each intern’s level of competency. This rotation is suitable for the novice

neuropsychology intern with little to no previous experience in neuropsychological assessment but is also appropriate for those who have advanced neuropsychological assessment skills.

7. Adolescent Mental Health Evaluation Service

Preceptor: Margaret Canter, PhD

Rotation type: Minor (1.5 days)

Required times: Tuesday and/or Thursday mornings (8:30am-12pm), additional time needed for report writing, supervision on Fridays

Rotation Description: Interns will gain experience with adolescent psychological testing and diagnostic evaluation skills for patients ages 12-18 that are admitted to the adolescent inpatient psychiatry unit at UAB. These patients often need evaluations for placement and treatment recommendations following their inpatient stays. Interns will also assist in program development of a DBT-informed group therapy for the adolescent patients during their stay.

Goals of Rotation: Interns will learn how to effectively assess and write up psychological and psychodiagnostic evaluations for adolescents placed on a psychiatric inpatient unit. Become proficient in the K-SADS-PL and other assessments to inform psychiatric diagnoses and provide recommendations for discharge.

COVID-19 Status: in person for evaluations and remote for writing reports

8. Functional Neurological Disorders (FND) Clinic

Preceptor: Aaron Fobian, PhD (primary); Brittney Randolph, PhD; Melissa Greenfield, PsyD.

Rotation Type: Major (2.5 days) or Minor (1.5 days)

Required times: Thursday required; Monday or Tuesday afternoons optional

Rotation Description: Dr. Fobian is the director of the FND Treatment Clinic at UAB, a collaborative approach between psychology services and physical, occupational and speech therapy. This psychotherapy rotation will allow fellows to be trained in an innovative evidenced-based cognitive behavioral treatment for children, adolescents and adults with functional neurological disorders (FND). As FND is a condition in which patients experience neurological symptoms not associated with a definable organic disease, treatment is focused on non-pharmacological management of physical symptoms and related functional deficits. Clinical services are currently conducted via telehealth though inpatient referrals have been steadily increasing. There is opportunity for interdisciplinary work.

Time Commitment: Outpatient therapy occurs on Monday or Tuesday afternoons and Thursday mornings. Group supervision occurs Thursday afternoons.

COVID-19 Status: This rotation is being offered as a telemedicine rotation only.

9. Outpatient Therapy in Community Mental Health (SMI and non-SMI) and First Episode Psychosis (FEP)

Preceptor: Alison Thomas, Ph.D.

Rotation Offered: Minor (1.5) days or an element of major rotation; 6 month-1 year commitment.

Required day: Tuesday morning for FEP work; other rotation time can be determined based on other rotation requirements

Population Served: The Community Psychiatry Program (CPP), UAB's Community Mental Health Center, primarily serves individuals with serious mental illness diagnoses at a range of levels of functioning. CPP also serves non-SMI individuals with Medicaid who are typically from underserved and oppressed backgrounds. The First Episode psychosis Clinic (FEC) runs Tuesday mornings from 8-11 am. This clinic solely serves individuals, from a variety of backgrounds, experiencing early phase psychosis and their families.

Clinical Duties: The primary duty on this rotation is intervention. There is also an opportunity for some consultation within the FEC as the intern will, at times, sit with the attending psychiatrists. As the population served varies greatly in age and level of functioning, interventions also vary greatly. For the most part, intervention is broadly CBT-based with specific grounding in Acceptance and Commitment Therapy. In addition to goal-based process-oriented psychotherapy, treatments may include behavioral interventions, psychoeducation, and manual-based intervention. There may also be opportunities for program development, primarily focused on group therapy.

Expected Learning: This rotation will challenge intervention skills on several levels. The SMI population often requires clinicians to work at a slower pace with highly individualized markers of progress. Interns can also expect to work closely with families. One of the most rewarding (and at times challenging) aspects of this work is the personal growth many clinicians experience around working with clients with a wide range of unchangeable barriers. Interns can also expect to develop an explicit focus on both common factors (e.g., the importance of the therapeutic alliance) and a large dose of principles of Acceptance and Commitment Therapy.

COVID-19 Status: This rotation has the option for both in-person and telehealth, depending on intern and patient preferences/needs.

10. Developmental Trauma and Traumatic Grief

Preceptor: Rebecca Rampe, PsyD

Rotation Type: Minor (1 day), 12-month minimum commitment

Rotation Description: This clinic incorporates two models that often overlap for our patients. The developmental trauma aspect of this clinic is informed by the work of the [Neurosequential Model of Therapeutics \(NMT\)](#) by Dr. Bruce Perry. The Neurosequential Model of Therapeutics is a "trauma-informed," developmentally-sensitive, approach to the clinical problem solving process. It is an integrative therapeutic framework for guiding the application of existing interventions according to the individual's needs. The goal of this approach is to structure an assessment of a person, their primary concerns, identification of key strengths, and the application of interventions (educational, enrichment and therapeutic) in a way that will help family, educators, therapists, and related professionals best meet the needs of the patient. In our clinic, we offer patients the option of engaging with the NMT measure to

inform their psychotherapy and general mental health. The traumatic grief aspect of the clinic is informed by the [Compassionate Bereavement Care \(CBC\) framework](#) by Dr. Joanne Cacciatore. This framework emphasizes numerous areas including grief education, emotion and body focused work with patients, and attunement and egalitarianism from the provider. We support adults in coping with their painful emotions and trauma recognizing grief as a normal reaction to an abnormal tragedy. We support patients in finding their personal and family strengths and help them learn to bear the unbearable in a way that promotes integration. Currently both the intervention and supervision are provided by telehealth/Zoom until further notice. Subsequently, both treatment and supervision will be provided at Sparks Clinic in the Department of Psychiatry at UAB.

11. Medical/Surgical Behavioral Medicine

Preceptor: Brittney Randolph, PhD

Rotation Type: Minor (1.5 days)

Required times: Tuesday

Patient Characteristics: Bariatric evaluations occur only on an outpatient basis, referred by UAB Bariatric Surgery Services (Dr. Grams & Dr. Stahl). Interdisciplinary involvement is a key component of the process where the psychological evaluation is discussed as it relates to the patients' readiness for surgery. The UAB Weight Loss Medicine Clinic is also strongly engaged with most bariatric patients and there is opportunity for interactions with various team members including bariatric dietitians and medical team members.

Distribution of Activities: Roughly 40 percent of the intern's time is devoted to evaluation, which includes conducting clinical interviews and possibly administering and scoring neuropsychological measures when deemed necessary. Approximately 40 percent of the intern's time is devoted to reviewing patient records and information, test interpretation, and report writing. The remaining 20 percent of time is spent in team meetings, didactic meetings or learning opportunities, and supervision. There is also opportunity for therapy involvement.

Assessment Characteristics: All assessments include a thorough diagnostic clinical interview that includes an evaluation of patients' treatment compliance, substance use, exercise, diet, health behavior, psychiatric, social, academic, and vocational histories, social support network and stress-coping skills. The evaluations are geared toward helping the Bariatric Team determine the candidate's suitability for surgical intervention, identifying areas of concern that may negatively impact upon the individuals compliance or post-surgical recovery (e.g., limited and inconsistent social support, psychological distress), and suggesting ways in which these limitations may be practically addressed. Typical evaluation includes the MBMD, WALI, AUDIT, PHQ-9 and GAD with additional measures added in as needed.

Intervention Characteristics: This rotation provides the opportunity for outpatient short-term psychotherapy, as well as patient education to improve/enhance compliance and adherence behaviors. Group therapy, utilizing both ACT and DBT methods, can also be a component if there is an interest.

Time Commitment: This rotation is offered as a minor rotation (1.5 days) only. Outpatient evaluations typically occur on Tuesday afternoons. Bariatric Surgery meetings occur on the second and fourth Friday of the month at 1:00 pm. Individual and group therapy will be scheduled on Monday evenings or Tuesday mornings.

Rotation Goals: The general goal for the rotation is to familiarize interns with psychological evaluation of medical/ surgical patients. Additional learning will comprise general knowledge of medical procedures as they relate to follow up care. Supervision over the course of the rotation will typically follow a graduated approach, with increasing responsibility being given to interns as the competency increases. The rotation is appropriate for interns with limited assessment experience, as well as those with advanced pre-internship training. Some brief reading may be required prior to this rotation to familiarize the intern with the medical and surgical procedures.

Note: Collaborative research activities are available for interested interns.

COVID-19 Status: This rotation is being offered as a telemedicine rotation only.

12. Consultation-Liaison Psychology

Preceptor: Melissa Greenfield, PsyD

Rotation Type: Minor (1.5 days)

Required times: TBD

Rotation Description: The consultation-liaison psychology rotation involves working in a hospital setting providing a breadth of services to patients who present with a variety of psychiatric presentations and acute medical conditions. The C/L psychology role works as an integral part of the consultation-liaison psychiatry team, which includes psychiatrists, residents, medical students, and nursing. The rotation is based on the transtheoretical model and transdiagnostic process offering a wide range of exposures to interviewing, assessment, and interventions tailored to varying medical populations. Interns can expect to learn and/or grow their skills in a variety of cognitive, behavioral, cognitive-behavioral, functional, and rehabilitative interventions. A specific area of focus involves behavioral planning for patients with functional neurological disorders (FND), neurodevelopmental disorders (NDD), eating disorders, and non-compliance and disruptive behaviors. Potential assessment opportunities include brief cognitive screeners, standardized intelligence testing, autism (ADOS), and psychodiagnostic and suicide. Additional areas of clinical focus are Functional Neurological Disorders and Post-Acute Sequelae of COVID-19 (PASC). Interns can expect to increase their medical knowledge and support toward patient functional restoration of mind and body. Interns will also develop by learning to work with and in intra- and interdisciplinary teams, providing support to improve patient care and outcomes, and meeting the goal of addressing the consultation request of the referring team.

COVID-19 status: This rotation is offered on an in-person basis only.

13. UAB Emergency Department

Preceptor: Tabitha Price, PsyD

Rotation type: Minor (1.5 days)

Required times: TBD

Rotation Description: UABs Emergency Department is offering students an opportunity to work collaboratively with an interdisciplinary team of ED and hospital physicians, nurses, psychiatrists, and social workers to assess, evaluate, and treat older adolescents to adult psychiatric emergencies. The student will be exposed to an array of acute situations involving suicide attempt or ideation; agitation, violent, or disruptive behavior; psychosis leading to dangerous behavior or thoughts; mania; intoxication states; and anxiety. This will also include learning and identifying complexities related to co-occurring substance abuse, health conditions, and/or developmental disabilities. The student will learn to provide brief evidence-based interventions involving behavioral management/interventions, environmental management, family education and counseling, and crisis intervention in a fast-paced, team-oriented environment. Students will also gain experience identifying biopsychosocial factors that may be contributing to a crisis situation, assessing for suicide, developing individualized care plans, and working with the team to determine appropriate level of care for psychiatric patients (i.e. admission to an inpatient psychiatric unit, a transfer to another community facility or preparation for discharge.).

COVID-19 Status: This rotation is only offered as in person

14. Behavioral Sleep Medicine

Preceptor: Justin Thomas, Ph.D., DBSM

Rotation Type: Minor (1.5 days), Minimum 6 month commitment (BSM Board Exam would be at least one day a week for a year)

Rotation Description: Dr. Thomas is the Director of the UAB Behavioral Sleep Medicine (BSM) Clinic and Training Program. The UAB BSM Clinic is integrated in the UAB Sleep/Wake Disorders Center and provides BSM services for a variety of sleep disorders including insomnia, circadian sleep-wake rhythm disorders, nightmares, as well as addressing adherence to continuous positive airway pressure (CPAP) and treating sleep disorders within the context of psychiatric illness. The BSM Training Program is accredited by the Society of Behavioral Sleep Medicine and fulfills training requirements for the Board of Behavioral Sleep Medicine (BBSM). Research opportunities in a variety of areas, including the impact of sleep on cardiovascular disease, are also available.

COVID-19 Status: This rotation is currently offered as a telehealth rotation only. Therapy is being provided via telehealth.

13. LGBTQ Health and Wellness Clinic, Sparks Ambulatory Psychotherapy Rotation

Preceptor: Tiffany Nowell, Ph.D.

Rotation Offering: Available as a minor (a major may be possible depending on interests), 6 month minimum commitment, optional involvement in EMLALA Clinic at Children's

Hospital (Gender Clinic serving kids and adolescents with gender identity concerns and gender dysphoria)

Rotation Description: This psychotherapy rotation consists of providing individual, couples, and/or family therapy services for patients seeking services with UAB's department of psychiatry. Emphasis is placed on patients within the LGBTQIA community seeking mental health treatment but will also serve the general population. Interns will gain experience composing letters of support for transitioning patients based on WPATH guidelines. The primary modes of therapeutic intervention can vary depending on the intern's training goals (and presenting concern of the patient) but could consist of ACT, CBT, Interpersonal, Relational, Existential, and Psychodynamic Psychotherapies. Interns will receive a minimum of one hour of supervision per week yet expectations may vary depending on the number of patients being treated. Interns will be expected to engage in readings/trainings on multicultural competency throughout the rotation/training experience.

COVID-19 Status: Individual and group psychotherapy sessions are being conducted via clinical video telehealth or Face-to-Face appointments. Method of patient appointments (i.e., virtual or in-person) will be dependent on patient needs. Hybrid models are possible.

14. Trauma Related Disorders Clinic

Preceptor: Merida Grant, PhD

Rotation Type: Minor (1.5 days), 6 month minimum commitment

Rotation Description: The focus of this clinic is on the needs of adult patients with a history of either childhood trauma [physical, sexual or emotional abuse and neglect] or non-military related, adult onset trauma. Interventions employed include evidenced based, manualized therapies, with a primary focus on addressing persistent mood disorders, PTSD, guilt and shame and includes cognitive and behavioral interventions, with a primary focus on Cognitive Processing Therapy [CPT]. Though these interventions have demonstrated efficacy in mood and adult trauma related disorder, the focus of this clinic is to extend these findings to adults with a history of early life trauma with regard to both clinical and research outcomes.

COVID-19 Status: Currently both the intervention and supervision are provided by telehealth/Zoom until further notice. Subsequently, both treatment and supervision will be provided at Sparks Clinic in the Department of Psychiatry at UAB.

15. Integrated Behavioral Medicine Service (iBeMs):

Preceptors: Christina Pierpaoli Parker, PhD

iBeMs Primary Care Description: Interns can participate in a vertical supervision model with Dr. Christina Pierpaoli Parker. Interns would conduct brief functional assessment intakes and brief, time-limited individual psychotherapy interventions within an evidence-based model of collaborative care while co-located in a primary care setting. Interns can also gain exposure to same-day interventions and curbside consults through warm hand-off from PriCare providers. Common presentations and interventions include CBT for depression, anxiety, and insomnia and interventions for the behavioral aspects of chronic medical conditions, such as management of chronic pain and adherence to diabetes treatment.

Time Commitment: This rotation is offered as either a minor rotation (1.5 days) or a major rotation (3 days) in combination with below. Days/times are flexible.

COVID-19 Status: This rotation is primarily in-person for a full integrated care experience.

iBeMs Division of Nephrology Description: Interns would work alongside Dr. Pierpaoli Parker within the Division of Nephrology. This model is currently being piloted to be utilized to further scale Integrated Behavioral Medicine Services throughout UAB Primary Care Clinics and other Department of Medicine Divisions. Interns would conduct brief functional assessment intakes and brief, time-limited individual psychotherapy interventions within an evidence-based model of collaborative care while co-located in the Division of Nephrology. Interns can also gain exposure to same-day interventions and curbside consults through warm hand-off from Nephrology providers. Common presentations and interventions are expected to include CBT for depression, anxiety, and insomnia and interventions for the behavioral aspects of chronic kidney disease and adherence to dialysis treatment. Interns can be involved in program development and roll out of psychoeducational class series and group therapy as interested.

Time Commitment: This rotation is offered as either a minor rotation (1.5 days) or can be combined with the other rotation above to build a major rotation (3 days). Clinic occurs Tuesday mornings (8-12).

COVID-19 Status: This rotation can be primarily in-person for a full integrated care experience or a mix of telehealth and in-person.

16. Psychotherapy Rapid Intake Team (PRIT)

Preceptor: Alison Thomas, Ph.D.

Rotation Offered: Minor (1.5 days) or possibly as a major rotation

Required day: Monday (for Dr. Thomas), other supervisors will have their own specific required days

Population Served: This clinic oversees all initial therapy referrals to UAB's Department of Psychiatry, except for individuals directly referred to specialty providers. The population includes children and adolescents (depending on supervisor availability), general adult, and geriatric patients.

Clinical Duties: The primary duty on this rotation is rapid assessment and disposition planning. There is also opportunity for risk management (maintaining current safety while waiting for therapy intake) and short-term intervention. Each appointment is 60 min with the expectation of an appropriate disposition plan at the end of the appointment.

Expected Learning: This rotation will challenge rapid assessment and interviewing skills. In addition, interns will learn about the therapy related nuances of the local mental health system and, more specifically, those of an academic medical center. Moreover, this increased knowledge will be delivered, compassionately to individuals whose only concern is their own welfare, challenging interns to develop the ability to meet patient needs while also being acutely aware of systemic limitations.

COVID-19 Status: This rotation has the option for both in-person and telehealth, depending on intern and patient preferences/needs.

17. Child and Family Therapy Practicum

Preceptor: Margaret Canter, PhD

Rotation type: Minor (1.5 days)

Required times: Thursdays 1-5:30pm, supervision on Fridays

Rotation Description: Interns will learn to provide cognitive behavioral therapy to children, adolescents, and their parents presenting with a range of emotional and behavioral problems. Some examples of cases/treatment performed could include trauma focused cognitive behavioral therapy for child trauma, exposure and response prevention for OCD, parent management training or parent-child interaction therapy for ADHD and/or disruptive behavior disorders, and CBT for anxiety or depression. Interns will participate in weekly supervision.

Goals of Rotation: Interns will complete at least three child intakes and manage a minimum of three individual therapy patients. Interns will conduct a manualized treatment from the beginning to end of a patient's treatment.

COVID-19 Status: Currently this rotation is offered as primarily telemedicine but could change to in-person or a hybrid model in the future depending upon pandemic status.

18. Pediatric Primary Care Clinic

Preceptor: Margaret Canter, PhD

Rotation type: Minor (1.5 days)

Required times: Tuesday or Wednesday afternoons from 1-5pm

Rotation Description: Co-located Access and Resident Education for Behavioral Health Assessment and Management (CARE-BHAM) is a grant that places Dr. Canter (child psychologist) within UAB's pediatric primary care clinic two afternoons/week. The goal of this grant is to address the challenges of providing mental health services to a high-risk pediatric population by providing services in a familiar location and providing education to pediatric residents on best practices for mental health treatment. There will be a combination of providing short-term cognitive behavioral treatment (4-8 sessions; PMT, Incredible Years, CBT for anxiety/depression) and same-day consults to provide treatment recommendations and introduce children and their families to the benefits of mental health services.

Goals of Rotation: Interns will learn common treatment barriers, assessment techniques, and how to work as part of a multidisciplinary team of pediatricians, nurses, and a social worker. Interns will learn psychodiagnostic assessment and time-limited CBT to address a number of emotional and behavioral disorders impacting children, adolescents, and their families.

COVID-19 Status: The intern will be in person/in clinic for this rotation, housed at Children's of Alabama; you will be performing some telemedicine from the clinic as well.

UAB Department of Family Medicine

Integrated Behavioral Medicine Service in Family Medicine

Preceptor: Kaylee Crockett, PhD

Rotation Offered: Major (2.5 days); Minor possible

Rotation Description: Located within the Department of Family and Community Medicine, this major rotation provides interns with opportunities to learn aspects of working as a psychologist in a primary care setting. Under the clinical supervision of Dr. Kaylee Crockett, students conduct brief functional assessments and time-limited evidence-based behavioral medicine interventions in an integrated primary care model. Students will gain experience with scheduled and same-day visits with patients and family members, and consultations with primary care providers. Opportunities are available to collaborate with Sports & Exercise Medicine to provide educational and therapeutic services to local athletes and teams. Other clinics within Family Medicine include Weight Loss Medicine, Women's Health, and Lifestyle Medicine. Common presentations include anxiety, depression, trauma and stressor-related concerns, ADHD, insomnia, chronic pain, weight management, and managing multiple chronic health conditions. Interventions include brief CBT inclusive of ACT and DBT skills. Community psychoeducational groups may be offered. Both in-person and eMedicine visits are offered within clinics located at UAB Highlands and Hoover Family Medicine.

Goals of Rotation: The overarching goal is to train psychologists to provide a full range of clinical primary care psychology services as key members of an interdisciplinary team, to develop inter-professional competencies, and to become leaders within this growing field.

Covid-19 Status: Hybrid in-person and e-Medicine clinics are scheduled. Masking is required in the clinical setting.

UAB Department of Neurology

1. Division of Neuropsychology; Adult/Geriatric Neuropsychology

Preceptors: Roy Martin, Ph.D., Adam Gerstenecker, Ph.D., Andrea Solomon Celka, Ph.D., and Victor Del Bene, Ph.D.

Rotation offered: Minor

Rotation Goal: The goal of this neuropsychology training experience is to introduce clinical psychology interns to clinical interviewing and assessment, cognitive testing, psychometrics, brain-behavior relationships, functional neuroanatomy, report writing, and relevant sociocultural factors.

Population: The clinical populations served include various dementia syndromes (e.g., Alzheimer's disease, vascular, frontotemporal, lewy body), epilepsy, movement disorders (Parkinson's disease, essential tremor, atypical parkinsonian conditions, Huntington's), stroke, neuro-oncology, HIV, and multiple sclerosis, among other neurologic conditions. Pre-surgical evaluations are completed for both epilepsy (e.g., resection, laser ablation, RNS, DBS) referrals,

as well as deep brain stimulation candidates (e.g., Parkinson's disease, essential tremor, dystonia). Depending on the day, there are opportunities to attend neurology grand rounds (Tuesday mornings 8:00 AM), deep brain stimulation surgical case conference (1st & 3rd Friday of the month at 1:00 PM) and participate in WADA testing. Additionally, there may be opportunities to assist with ongoing research projects, dependent on the progress of your clinical training and approval of the internship training directors.

COVID-19 Status: We are currently offering both hybrid in-person and telehealth training. Teleneuropsychology appointments are conducted either via videoconference (e.g., Zoom) or telephone. The intern will be competent with teleneuropsychology by the end of the rotation. In-person assessments are mostly hybrid at this time, meaning portions of the assessment will be face-to-face with PPE and other portions are completed via iPad with the clinician and patient in separate rooms. This model is subject to change based on hospital and department policy, as well as COVID rates in the state of Alabama.

UAB Spain Rehabilitation Center (Department of Physical Medicine and Rehabilitation)

1. Rehabilitation Psychology- Spinal Cord Injury, Inpatient

Preceptor: Casey Azuero, Ph.D., MPH, ABPP-RP

Rotation Offering: Minor, (Staffing on Tuesdays), in-person inpatient and telehealth outpatient

Patient Characteristics: Inpatient case load is almost exclusively acute onset spinal cord injury with some related conditions: transverse myelitis, anterior artery syndromes, spina bifida etc. This is a predominantly young male population, disproportionately African American based on community epidemiology. Causes of spinal cord injury are typically motor vehicle crashes, falls, and violence. Pre-existing conditions such as substance use and concomitant complications such as chronic pain and cognitive dysfunction/limitations can compound the coping/adjustment process.

Distribution of Clinical Activities: The student will spend approximately 50% of the time in inpatient evaluation, 25% in consultation with members of the interdisciplinary treatment team and 25% in treatment interventions and report writing. The student will also participate in supervision and inpatient rounds.

Assessment Characteristics: Students will learn to employ both neurocognitive and emotional status screening to evaluate inpatients with various medical conditions. A thorough pre and post injury psychosocial history is the primary assessment tool supplemented by cognitive screening, pain assessment measures, and, at times, personality measures as needed. Assessments using either cognitive screening measures or more comprehensive neuropsychological techniques are employed depending on the ability level of the patient.

Intervention Characteristics: Adjustment disorders and acute stress reactions are the focus of clinical intervention on the inpatient service. Brief interventions may involve supportive contact, education, psychotherapy (individual and/or family), stress management (relaxation training, cognitive behavioural techniques), other behavioural interventions and/or crisis intervention. Collaboration with treatment team members is integral to this service. A wide range of treatment models are utilized, but the primary orientation is cognitive-

behavioural. Opportunities for evidence-based psychotherapy in the general hospital setting, including CPT, PE, CBT-D, and CBT-I. Sex education/counselling is sometimes needed. Family education and family therapy are often needed as well. A psycho-educational approach is often used to initiate therapeutic involvement. Opportunities to lead group psycho-education classes are also available.

COVID-19 Status: Outpatient appointments are conducted via telehealth; inpatient consults are seen in person—inpatients will be Covid convalesced before being seen in person by trainees

2. Rehabilitation Psychology- Medical/Trauma Inpatient, CPR Outpatient

Preceptor: Megan McMurray Hays, Ph.D., ABPP-RP

Rotation Offering: Minor, (Staffing on Wednesdays), Inpatient SRC in-person inpatient and telehealth outpatient

Patient Characteristics: Patients on this service encompass a wide range of medical trauma, including fractures, burn, crush, amputations, and other major trauma without severe head injury, although mild TBI and post-operative confusion are common. Medical patients are also seen with peripheral weakness from infectious diseases, autoimmune disorder, cancer, cardiopulmonary, and post-surgical debility. Among older people there is an increased risk for delirium and sometimes dementia. Age range is from the 20's to geriatric cases. Behavioral health services are provided to outpatients in Cardiopulmonary Rehabilitation in groups as well as consult-based individual health and behavior interventions.

Distribution of Clinical Activities: The student will spend approximately 50% of the time in inpatient evaluation, 25% in consultation with members of the interdisciplinary treatment team and 25% in treatment interventions and report writing. The student will also participate in supervision and inpatient rounds.

Assessment Characteristics: Students will learn to employ both neurocognitive and emotional status screening to evaluate inpatients with various medical conditions. A thorough pre and post injury psychosocial history is the primary assessment tool supplemented by cognitive screening, pain assessment measures, and, at times, personality measures as needed. Assessments using either cognitive screening measures or more comprehensive neuropsychological techniques are employed depending on the ability level of the patient.

Intervention Characteristics: Adjustment disorders and acute stress reactions are the focus of clinical intervention on the inpatient service. Brief interventions may involve supportive contact, education, psychotherapy (individual and/or family), stress management (relaxation training, cognitive behavioural techniques), other behavioural interventions and/or crisis intervention. Collaboration with treatment team members is integral to this service. A wide range of treatment models are utilized, but the primary orientation is cognitive-behavioural. Opportunities for evidence-based psychotherapy in the general hospital setting, including CPT, PE, CBT-D, and CBT-I. Sex education/counselling is sometimes needed. Family education and family therapy are often needed as well. A psycho-educational approach is often used to initiate therapeutic involvement. Opportunities to lead group psycho-education classes are also available.

COVID-19 Status: Outpatient appointments are conducted via telehealth; inpatient consults are seen in person—inpatients will be Covid convalesced before being seen in person by trainees

3. Rehabilitation Psychology- Neurotrauma TBI & Stroke Inpatient

Preceptor: Elaine Mahoney, Ph.D.

Rotation Offering: Minor, Inpatient SRC (Staffing on Monday & Thursday), in-person inpatient and telehealth outpatient

Patient Characteristics: Patients on this service have acquired brain injury, either non-traumatic (stroke, aneurysm) or traumatic (TBI), and exhibit physical and cognitive disabilities. Age ranges from sixteen years to geriatric cases, with TBI cases more often in the young adult range, and older adults with CVA.

Trainee Clinic for un(der)insured patients: There is also the opportunity to see patients for outpatient therapy under the supervision of either Drs. Azuero, Mahoney, or Hays. You can refer patients for ongoing assessment and treatment following discharge from the inpatient service to the community. Patients can also be assigned cases of interest that come from outpatient referral sources. Referral reasons typically include adjustment issues, trauma, depression, and anxiety. Treatment modalities include trauma-focused therapy (prolonged exposure or cognitive-processing therapy) and cognitive behavioural therapy, among others. If supervision experience is of interest for training, the opportunity to supervise graduate students in a scaffolding approach is also possible.

Distribution of Clinical Activities: The student will spend approximately 50% of the time in inpatient evaluation, 25% in consultation with members of the interdisciplinary treatment team and 25% in treatment interventions and report writing. The student will also participate in supervision and inpatient rounds.

Assessment Characteristics: Students will learn to employ both neurocognitive and emotional status screening to evaluate inpatients with various medical conditions. A thorough pre and post injury psychosocial history is the primary assessment tool supplemented by cognitive screening, pain assessment measures, and, at times, personality measures as needed. Assessments using either cognitive screening measures or more comprehensive neuropsychological techniques are employed depending on the ability level of the patient.

Intervention Characteristics: Adjustment disorders and acute stress reactions are the focus of clinical intervention on the inpatient service. Brief interventions may involve supportive contact, education, psychotherapy (individual and/or family), stress management (relaxation training, cognitive behavioural techniques), other behavioural interventions and/or crisis intervention. Collaboration with treatment team members is integral to this service. A wide range of treatment models are utilized, but the primary orientation is cognitive-behavioural. Opportunities for evidence-based psychotherapy in the general hospital setting, including CPT, PE, CBT-D, and CBT-I. Sex education/counselling is sometimes needed. Family education and family therapy are often needed as well. A psycho-educational approach is often used to initiate therapeutic involvement. Opportunities to lead group psycho-education classes are also available.

COVID-19 Status: : Outpatient appointments are conducted via telehealth; inpatient consults are seen in person—inpatients will be Covid convalesced before being seen in person by trainees

4. Outpatient Adult Neuropsychology: Acquired Brain Injury, Post-Concussive, TBI and stroke follow-up, Capacity to Drive

Preceptor: Sean Hollis, Ph.D.

Rotation Offering: Minor, Telemedicine

Patient Characteristics: The primary population will be patients who have sustained TBI or stroke. As a result of the brain injury they may exhibit physical and cognitive disabilities which rapidly improve in many cases. Age ranges from sixteen years to geriatric cases, majority fall within a bimodal distribution of young adults and older adults. Other patients include tumor, dementia, post-concussion, and other neurological conditions.

Distribution of Clinical Activities: Assessing outpatients, many of whom are returning inpatients for whom issues of return to driving, work, and independent living are paramount. Based on experience/interest the intern may be administering and scoring tests, though this is not required if not an area of need. For those with a prime interest in neuropsychology the focus is often on case conceptualization, interpretation of test results, providing feedback, and concise report writing. All students participate in interviews of patients and family members, as well as provision of feedback. There are typically two or three neuropsychological evaluations per day. The neuropsychological assessments vary in breadth from 2 hours extended screenings to full day batteries depending on the case. Psychometricians are available to administer tests, but students can perform administration to fill in gaps in experience.

COVID-19 Status: : All appointments are currently conducted via telehealth. Some aspects of driving evaluations are conducted in-clinic but are still being completed “virtually” without face-to-face contact.

Sample Generalist Rotation

| | 1 st rotation | 2 nd rotation | 3 rd rotation |
|----------------------------|--------------------------|---|--------------------------|
| Major | Trauma Clinic | Trauma Clinic (2mnths) Sleep Medicine (2mnths) | Sleep Medicine |
| Minor | Community Mental Health | Community MH (2mnths) LGBTQ Clinic (2mnths) | LGBTQ Clinic |
| Program Development | ½ day | ½ day | ½ day |

**Note that 2nd rotation is split due to these rotations having 6 month commitments instead of 4*

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|--------------|---------|-----------|----------|--------|
| AM | Program Devl | Trauma | Trauma | FND | Trauma |
| PM | Didactics | FND | Trauma | FND | Trauma |

Sample Neuropsychology Rotation

| | 1 st rotation | 2 nd rotation | 3 rd rotation |
|--|--------------------------|--------------------------|--------------------------|
| | | | |

| | | | |
|-----------------|----------------------|------------|---------------------|
| Major | Medical/ Surgical | Post-COVID | C/L Neuropsych |
| Minor | SRC Inpatient | Neurology | Children's Neuro |
| Research | ½ day | ½ day | ½ day |

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|---------------|----------------|------------------|-----------------|---------------|
| AM | Research | SRC | Med/Surg | Med/Surg | Med/Surg |
| PM | Didactics | SRC | Med/Surg | Med/Surg | SRC |

Sample Health Psych Rotation

| | 1st rotation | 2nd rotation | 3rd rotation |
|--|--------------------------------|--------------------------------|--------------------------------|
| Major | Fam Med | iBeMs - PC | iBeMs- Neph |
| Minor | SRC- Spinal Cord | Sleep Medicine (6mo) | Emergency Dept |
| Research/ Program Development | ½ day | ½ day | ½ day |

**Note that 2nd rotation is split due to these rotations having 6 month commitments instead of 4*

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|---------------|----------------|------------------|-----------------|---------------|
| AM | Program Devl | Family Med | Family Med | Family Med | SRC |
| PM | Didactics | SRC | Family Med | Family Med | SRC |

Clinical Child and Pediatric Psychology Track Overview

Sponsored by the [UAB LEND Program at Civitan-Sparks Clinics](#)

The Child specialty track of the UAB Clinical Psychology Internship provides exposure to diverse and complex clinical populations in a wide variety of settings, including [Civitan-Sparks Interdisciplinary Clinics](#) (a LEND/UCEDD training site) and [Children's of Alabama](#). The diversity of settings and role functions afford numerous opportunities to interface with physicians, other health care professionals, schools, state agencies, advocates, and mental health professionals. All services emphasize the need to impact systems of care and individual lives through clinical service delivery to individuals and families, community education, and advocacy. Along with their supervisors, child interns are members of interdisciplinary teams throughout most of their rotations.

In conjunction with their year-long supervisor, each intern develops an individualized training plan based on their training goals and clinical emphasis. The primary training method is experiential (i.e., direct service delivery) and supervision plays a central role in the learning process. Supervision is augmented by a wide variety of didactic seminars, observation of staff conducting clinical services, guided reading, and consultative support. Several opportunities for mentoring are available to the interns. In addition to their yearlong supervisor and rotation preceptors, interns have opportunities to pursue mentoring opportunities with other clinical

faculty based on their research and clinical interests. Interns also participate in weekly individual and, when available, group supervision sessions. A vertical team approach is employed in some settings and interns may be provided opportunities to supervise undergraduate and graduate level psychology students.

Interns in the Child specialty track are also considered trainees in the UAB Leadership Education in Neurodevelopmental Disabilities (LEND) program, which incorporates experience in advocacy, policy, and community outreach in addition to clinical training. More information regarding UAB LEND can be found [here](#)).

Interns participate in the three Major rotations (Developmental, School-Age, Pediatrics/Neuropsychology, described in detail below) and three Minor rotations (Autism, Adult, Elective Child Experience). A Major rotation typically reflects a time commitment of three days and a Minor rotation reflects a two-day commitment. The specific content and sequence of rotations are determined following a meeting with the year-long supervisor and the rotation supervisors. Below are two sample rotation schedules.

Sample A:

| | 1st Rotation | 2nd Rotation | 3rd Rotation |
|--------------|---|--|---|
| MAJOR | <i>Developmental (CDC/ITC/MDC and NBFU) at Civitan-Sparks Houser, Domnanovich</i> | <i>Peds/Neuropsych at Children’s of Alabama Marullo, Reynolds, Smith</i> | <i>School-Age (PEC and BAC) at Civitan-Sparks Domnanovich, Houser</i> |
| MINOR | <i>ELECTIVE: Peds/ Neuropsych Thompson</i> | <i>Adult Rotation UAB Medical/Surgical Behavioral Medicine</i> | <i>Autism at Civitan-Sparks O’Kelley/Ryan</i> |

Sample B:

| | 1st Rotation | 2nd Rotation | 3rd Rotation |
|--------------|---|---|---|
| MAJOR | <i>Peds/Neuropsych at Children’s of Alabama Thompson, Smith</i> | <i>School-Age (PEC and BAC) at Civitan-Sparks Domnanovich</i> | <i>Developmental (CDC/ITC/MDC and NBFU) at Civitan-Sparks Houser, Domnanovich</i> |
| MINOR | <i>Adult Rotation Spain Rehab</i> | <i>Autism at Civitan-Sparks O’Kelley/Ryan</i> | <i>ELECTIVE: ASD/DD Consult Team</i> |

Major Rotations:

The sequence of majors and the specific content of each major rotation will be determined with the year-long supervisor at the beginning of the training year. Each intern is required to complete a major rotation in each of the following areas:

Developmental Rotation (located at Civitan-Sparks):

- Child Development Clinic (CDC)
- Multiple Disabilities Clinic (MDC)
- Infant/Toddler Clinic (ITC)
- Newborn Follow-up Clinic (NBFU)

School-Age Rotation (located at Civitan-Sparks):

- Behavioral Assessment Clinic (BAC)
- Psychoeducational Clinic (PEC)

Pediatric/Neuropsychology Rotation (located at Children’s of Alabama):

- Leadership Education in Adolescent Health (LEAH) Clinic
- Neuropsychology Clinic
- Pediatric Hematology/Oncology
- Pediatric Inflammatory Bowel Disease Clinic
- Pediatric Psychology Consultation-Liaison Service

Minor Rotations:

Each intern is required to complete three minor rotations. One of the minor rotations must consist of an adult focused experience selected from the UAB adult track options. A second minor rotation must be within the Autism Spectrum Disorders Clinic at the Civitan-Sparks Clinics and may involve only assessment or a combination of assessment and intervention, dependent on the interest of the intern. The third minor rotation can include an additional experience from the above listed major rotation opportunities.

Clinical Experiences/Rotation Descriptions

1. Autism Spectrum Disorders Clinic, Civitan-Sparks Clinics

Preceptors: Sarah O’Kelley, Ph.D., Sarah Ryan, Ph.D., Cassandra Newsom, Psy.D.

Rotation Offered: Minor (required for child-track)

Setting: The Civitan-Sparks Clinics’ Autism Spectrum Disorders Clinic is a diagnostic clinic serving individuals ranging from one to sixteen years of age. This clinic is one of the few of its kind in the state of Alabama; thus, children with a suspected Autism Spectrum Disorder are referred from across the state and the surrounding states by pediatricians, neurologists, psychologists, educators, and families. These evaluations are typically conducted as part of an

interdisciplinary team involving Developmental/Behavioral Pediatrics and Speech-Language Pathology, at a minimum.

Clinical Activities: The diagnostic assessment battery for the ASD clinics include some combination of the following measures: the Autism Diagnostic Interview-Revised (ADI-R), the Autism Diagnostic Observation Schedule- Second Edition (ADOS-2), Childhood Autism Rating Scale, Second Edition (CARS2), and the Social Responsiveness Scale- Second Edition (SRS-2), as appropriate. In addition, cognitive/developmental measures may also be included. Interns will develop a familiarity with and competency in the administration of the assessment tools used in the diagnosis and rule-out of ASD. In addition, they will develop knowledge of the diagnostic criteria for Autism Spectrum Disorder and an understanding of the range of clinical presentations of ASD. Interns will have the opportunity to participate in family feedback sessions as part of both clinics. Clinics focused on teleradiology with young children have been developed in response to COVID-19 with an emphasis on use of the TELE-ASD-PEDS, Systematic Observation of Red Flags of ASD (SORF), and Brief Observation of Symptoms of Autism (BOSA) as measurement tools, particularly in very young children (12-36 months); these experiences may be available in future internship training years as well pending approval from insurance providers.

There are a number of intervention opportunities available through the ASD Clinic rotation as well. These intervention services include individual and family-based programming that are evidence-based and utilize the principles of behavioral interventions, a developmental perspective, and visual structures and support. All interventions emphasize increasing independence, communication, social interaction, and community participation. Group-based intervention opportunities are often available as well, including therapist and/or social coaching positions in the Program for the Education and Enrichment of Relational Skills (PEERS®) with teens and young adults with ASD/DD. School consultation and/or community-based presentations related to ASD may also be available. Interested interns are invited to participate in these intervention opportunities as a co-therapist with their supervisor or individually, depending on their level of comfort and experience.

COVID-19 Status: Clinical services are currently a blend of telehealth and face-to-face care with precautions of social distancing and masks for patients and staff.

2. Behavioral Assessment Clinic (BAC), Civitan-Sparks Clinics

Preceptor: Kristy Domnanovich, Ph.D.

Rotation Offered: Within the School-Age Major and/or Elective Minor

Setting: This Clinic serves children and adolescents aged 5 to 18 usually referred by their primary physician for evaluation of behavioral and academic problems. Before clients are seen, comprehensive behavioral assessment data and medical and school records are obtained and reviewed. The Behavioral Assessment Clinic is staffed by Psychology, with consultation from other disciplines as needed.

Clinical Activities: The psychological evaluation consists of a semi-structured parent interview, cognitive and academic screening, behavior observation and ratings, and clinical assessment of impulsivity, inattention, and over activity. Parents and children are interviewed, and social emotional functioning is assessed. Interns will work directly with their supervisor in

administering, scoring, and interpreting assessment measures and supervision will be provided on an on-going basis (before, during, and after each assessment). Trainees will also be responsible for producing reports that include background information, assessment results, clinical interview, and recommendations about treatment planning and future directions. They are encouraged to participate in parent feedback sessions to explain assessment results, provide information about the diagnosis, and offer recommendations. Individual therapy clients are often picked up through this clinic

COVID-19 Status: Clinical services are currently a mix of telehealth and face-to-face care with precautions of social distancing and masks for patients and staff.

3. Interdisciplinary Clinics: Child Development Clinic (CDC)/ Multiple Disabilities Clinic (MDC)/ Infant and Toddler Clinic (ITC)

Preceptors: Kristy Domnanovich, Ph.D., & John Houser, Ph.D.

Rotation Offered: Within the Developmental Major and/or Elective Minor

Setting: The **Child Development, Multiple Disabilities, and Infant and Toddler Clinics** are comprised of an interdisciplinary team that includes the disciplines of Psychology, Social Work, Occupational Therapy, Speech/Language Pathology, Audiology, Vision, Developmental/Behavioral Pediatrics, and Nutrition. Children evaluated through the Child Development Clinic typically range in age from three to ten years old. The Multiple Disabilities Clinic provides assessments to individuals with multiple impairments who typically range in age from approximately four years to eighteen years old. Children evaluated through the Infant and Toddler Clinic range in age from birth to three years old. Referrals come from pediatricians, neurologists, geneticists, mental health professionals, service providers, teachers, and caregivers. The children evaluated through the clinics come from all over the state of Alabama and from surrounding states.

Clinical Activities: Psychological assessments provided through the clinics include measures of developmental or intellectual functioning (current editions of the Wechsler Intelligence Scale for Children, Differential Ability Scales, Bayley Scales of Infant Development, Stanford-Binet Intelligence Scales, and Leiter International Performance Scale), adaptive functioning (current editions of the Vineland Adaptive Behavior Scales, Adaptive Behavior Assessment System), behavior (Child Behavior Checklist, Behavior Assessment System for Children, Behavior Rating Inventory of Executive Function, caregiver interview, in-clinic observation), and psychosocial functioning (parent and child interviews, symptom checklists). Interns will work directly with their supervisor in administering, scoring, and interpreting assessment measures and supervision will be provided on an on-going basis (before, during, and after each assessment). Interns will participate in team staff meetings and develop recommendations for home and school functioning as a collaborative effort with their supervisor and with clinicians from other disciplines. Trainees will also be responsible for producing reports that include background information, assessment results, clinical interview, and recommendations about treatment planning and future directions. They are encouraged to participate in parent feedback sessions to explain assessment results, provide information about the diagnosis, and offer recommendations. Children evaluated through these clinics can be picked up for short or long-term individual or family-based therapy.

COVID-19 Status: Clinical services are currently face-to-face care with precautions of social distancing and masks for patients and staff.

4. Adolescent Health Center, UAB Department of Peds, Adolescent Medicine Clinic/ Children's of AL

Preceptor: Heather Austin, Ph.D.

Rotation Offered: Within the Pediatric/Neuropsychology Major and/or Elective Minor

Setting/Clinical Activities: Interns have the opportunity to participate in a variety of integrated health settings within the Division of Adolescent Medicine where adolescents are treated for general concerns, chronic illness (HIV), substance use, and our Leadership Education in Adolescent Health Clinic for adolescents with multiple needs who are seen primarily by trainees in the core disciplines of medicine, psychology, nursing, nutrition and social work. Trainees and faculty supervisors work jointly to improve the health and well-being of adolescent patients and work with them and their caregivers to help them achieve optimal overall functioning. Interns will be exposed to an adolescent population with issues which place them at high risk (e.g. medical adherence, substance use, academic failure, various psychosocial needs). Opportunities will be available for interns to conduct initial clinical interviews, assist with managing resources, provide brief therapy, and participate in available educational experiences related to this population.

Covid-19 Status: Services are a mix of telehealth and face-to-face with social distancing. Masks are required for staff, trainees, and patients.

5. Neuropsychology Clinic, Children's of AL

Preceptors: Matt Thompson, Psy.D., ABPP, Kristen Smith, Ph.D.

Rotation Offered: Within the Pediatric/Neuropsychology Major and/or Elective Minor

Setting: Through the Children's Behavioral Health Department at Children's of Alabama interns have the opportunity to gain experience conducting neuropsychological evaluations with a variety of populations including children with epilepsy, traumatic brain injury, spina bifida, genetic conditions, and other neurological disorders.

Clinical Activities: Interns would work with a supervising neuropsychologist and participate in the clinical interview, test administration, scoring, interpretation, and report writing. Interns will receive training to administer tests with which they might not be familiar. Interns also would have the opportunity to prepare reports pertaining to patients they evaluate. Other opportunities include attendance at a multidisciplinary epilepsy surgery team meeting, inpatient neurorehabilitation, and inpatient consultation.

COVID-19 Status: Assessments are conducted in person, with space for social distancing. Masks are required for staff, trainees, and patients. Enhanced cleaning protocols have been implemented.

6. Newborn Follow-Up Clinic

Preceptors: Kristy Domnanovich, Ph.D.

Rotation Offered: Within the Developmental Major and/or Elective Minor

Setting: The Newborn Follow-Up Clinic is a multi-disciplinary team clinic that follows children born extremely low birth weight (less than 2.2 pounds) from birth to three years of age.

Clinical Activities: The intern responsibilities are assessment based during this clinic and include administration of the Bayley Scales of Infant Development, 3rd and 4th Editions and the Differential Ability Scales, 2nd Edition. Trainees will administer assessment measures, complete a brief (one page) summary, and provide feedback and recommendations to caregivers. Interns participate in the Newborn Follow-Up Clinic during the same rotation as the Child Development, Infant and Toddler, and Multiple Disabilities Clinics.

COVID-19 Status: Clinical services are currently face-to-face care with precautions of social distancing and masks for patients and staff.

7. Pediatric Somatic Symptom Disorders Outpatient Clinic

Preceptor: Aaron Fobian, PhD.

Rotation Offered: Minor and/or ancillary intervention experience

Setting/Clinical Activities: Conduct evidence-based treatments for children and adolescents with various health issues including functional neurological disorders, somatic symptom disorder and chronic pain. Clinic is in 4 hours blocks on Tuesday afternoons and Thursday mornings, and interns can participate in one or both of the clinic days.

COVID-19 Status: Clinical services are currently conducted via telehealth. The team is exploring options for a safe return to in-person care.

8. Pediatric Hematology/Oncology

Preceptors: Avi Madan-Swain, Ph.D., Donna Murdaugh, Ph.D., ABPP-CN

Rotation Offered: Within the Pediatric/Neuropsychology Major and/or Elective Minor

Setting: This pediatric psychology practicum/rotation provides students an opportunity to work with the Hope and Cope Psychosocial and Education Program at the Alabama Center for Childhood Cancer and Blood Disorders, which is a partnership between the UAB Division of Pediatric Hematology-Oncology and Children's of Alabama Hospital. As a member of the interdisciplinary Hope and Cope Family Support Team, students will have opportunities to work with families of children diagnosed with cancer, brain tumors, receiving bone marrow transplant, and sickle cell disease.

Clinical Activities: Students will complete consults and provide brief inpatient therapy as well as outpatient therapy and parent training using evidence-based interventions based on family risk level. Opportunities also are available to co-lead parent support groups, support group for adolescents and young adults (AYA) diagnosed with cancer, as well as pain education groups. Some common presenting problems of the pediatric patients and their families include depression, anxiety, pain management (e.g., procedural distress, chronic pain, etc.), medication non-adherence, school/community reentry, grief, bereavement, and general individual and familial coping/adjustment issues related to illness stressors. Students also have opportunities to attend weekly interdisciplinary rounds (e.g., oncologists, nurse practitioners, social workers, psychologist, child-life specialists, teachers, school liaisons, chaplains, and expressive therapists) to learn more about the integration of medical and psychological services.

Additionally, students have opportunities to participate in ongoing research and quality improvement projects. Training goals are designed to fit student/intern clinical and research interests.

With Dr. Murdaugh, interns have the opportunity to engage in neuropsychological assessment and consult/liaison work with patients at Children's of Alabama Taking on Life after Cancer (TLC) Clinic. The TLC clinic is part of the cancer survivorship clinics run in partnership with the Institute for Cancer Outcomes and Survivorship (ICOS) and the UAB Comprehensive Cancer Center. The clinic is open to all survivors of childhood cancer regardless of their age, although the patient population is primarily age 5 to 25 years. Interns will have the opportunity to gain experience in neuropsychological assessment including, diagnostic interview with patients and caregivers, designing a flexible assessment battery to address referral questions, test administration, scoring, and interpretation, report writing, and feedback with families to provide relevant recommendations. Interns also have the opportunity to provide outpatient consultation and work with the interdisciplinary TLC team to develop holistic care plans for patients.

COVID-19 Status: Patients who are immunocompromised are seen via telehealth. Otherwise, appointments are conducted in person with social distancing and masks required.

9. Pediatric Psychology Consultation-Liaison Service, Children's of AL

Preceptors: Dan Marullo, Ph.D., Nina Reynolds, Ph.D.

Rotation Offered: Within the Pediatric/Neuropsychology Major and/or Elective Minor

Setting/Clinical Activities: Rotation consists of training in inpatient medical consultation/liaison services, pre- and post-transplant evaluations, and brief, focused therapy with pediatric populations hospitalized for medical conditions. Common presenting concerns include: difficulty coping with and adjusting to diagnosis and treatment, anxiety, depression, behavioral difficulties, nonadherence to medical treatment, functional/ somatic disorders, and pain coping. Participation in weekly psychosocial medical team meetings and ongoing clinical program development is also encouraged.

COVID-19 Status: Consults are conducted in person; inpatients have had negative COVID-19 tests prior to interacting with trainees.

10. Psychoeducational Clinic (PEC)

Preceptors: Kristy Domnanovich, Ph.D., and John Houser, Ph.D.

Rotation Offered: Within the School-Age Major and/or Elective Minor

Setting: This clinic provides interdisciplinary evaluation of school-age children who are experiencing academic problems and are suspected of having a specific learning disability (e.g., reading, written expression) or a processing deficit (e.g., phonological processing).

Clinical Activities: Evaluation of cognitive functioning, academic skills, and other specific skills are conducted in a format compatible with school-based evaluations. In addition to the measures of cognitive, adaptive, and social-behavioral functioning included in Child Development Clinic, this clinic typically includes measures of academic functioning (e.g., current editions of the Woodcock-Johnson Tests of Achievement, Wechsler Individual Achievement Test, Kaufman Test of Educational Achievement). PEC is an interdisciplinary clinic whose team

consists of Psychology, Speech/Language Pathology, Occupational Therapy, Audiology, and other disciplines as necessary. There is a strong focus on educating parents regarding their child's strengths and weaknesses, legal/procedural aspects of special education and Section 504, how to advocate for their children with the school system, and what to look for in an effective Individualized Education Program (IEP). Reports from this clinic include comprehensive recommendations to schools. School visits for IEP development and follow-up services may be provided.

COVID-19 Status: Clinical services are currently a mix of telehealth and face-to-face care with precautions of social distancing and masks for patients and staff.

11. Psychology Clinic

Preceptor: All Civitan-Sparks Faculty

Rotation Offered: Year-long

Setting: The Psychology Clinic provides outpatient psychological interventions to children, adolescents, and their families. Treatment approaches are evidence-based, primarily behavioral and cognitive-behavioral, but may also include interpersonal and systems approaches. Referrals come from many sources, including our clinics and the pediatric practice housed at Civitan-Sparks Clinics. Live supervision and review of audio/videotaped sessions is encouraged. Most supervision is individual and conducted weekly.

Clinical Activities: Child specialty interns are expected to maintain an active therapy caseload of approximately five patients throughout the training year. This should include at least two patients or intervention activities (e.g., social skills group) with children at the Civitan-Sparks Clinics and may include child and/or adult patients supervised by other Internship faculty.

Covid-19 Status: Clinical services are currently a mix of telehealth and face-to-face care with precautions of social distancing and masks for patients and staff.

Didactics and Other Training

Didactics

All interns participate in weekly group psychotherapy supervision (Mondays, 12:00-2:00pm) and a weekly didactic seminar led by faculty (Mondays, 4:00-5:00pm). Child-track interns also participate in a required Neurodevelopmental Disabilities Core Lecture Series (weekly on Thursday at noon) and neuropsychology-focused interns participate in a required didactic seminar on Mondays from 3:00-4:00pm. (Topics vary among fact-finding, case presentations, journal club, and board exam review.) Topics of the intern seminar span a variety of topics including: Theories and methods of assessment and diagnosis, and effective intervention (including empirically supported treatments); Theories and/or methods of consultation, evaluation, and supervision; Strategies of scholarly inquiry; and Issues of cultural and individual diversity that are relevant to all of the above. See the table below regarding topics that have been offered in previous years.

| Topic | Presenter |
|--|---|
| Meeting with the Training Directors | Tiffany Nowell, Ph.D. & Sarah O'Kelley, Ph.D. |
| Applying for a Research Postdoctoral Fellowship | Caitlin Clevenger, Ph.D. |
| Telehealth | Sarah Rowe, Ph.D., Laura Nelson, Ph.D., & Katherine Jackson, Psy.D. . |
| Psychology in the Medical Setting | Casey Azuero, Ph.D. |
| Applying for Fellowships & Job Applications | Megan McMurray, Ph.D. & Sean Hollis, Ph.D. |
| Psychology in the Academic Setting | Burel Goodin, Ph.D. |
| Psychopharmacology- Part 1 (Affective Disorders) | UAB Psychiatry Resident |
| Psychopharmacology: Anxiolytics and Stimulants | UAB Psychiatry Resident. |
| Psychopharmacology- Part 2 (Psychotic Disorders) | UAB Psychiatry Resident |
| Ethics | Bob Campbell, Psy.D. |
| Professional Life Development Issues: Risk Management/HIPAA | Adrian Zebot, J.D., Risk Management Education Coordinator |
| Multicultural Issues & Psychotherapy- Part 1 | Alison Thomas, Ph.D. & Tiffany Nowell, Ph.D. |
| Multicultural Issues & Psychotherapy- Part 2 | Alison Thomas, Ph.D. & Tiffany Nowell, Ph.D. |
| Supervision Issues Pertinent to Inpatient Services | Amanda Pilai, Ph.D. |
| Program Evaluation: What is it? | John Houser, Ph.D. |
| Program Evaluation: Methods and Implementation | John Houser, Ph.D. |
| Forensic Psychology Evaluations | Bob Campbell, Psy.D. |
| Supervision in Multicultural Competence in Evidence Based Practice | Alison Thomas, PhD & Kristen Smith, PhD., |
| Running a Productive Research Lab | Merida Grant, Ph.D. |
| Supervision in Multicultural Competence in Evidence Based Practice | Tiffany Nowell, Ph.D., Alison Thomas, Ph.D. & Kristen Smith, Ph.D. |
| Recognition and Management of Concussions | Sean Hollis, Ph.D. & Matt Thompson, Psy.D., ABPP-CN |
| Unexplained Physical Symptoms | Daniel Marullo, Ph.D. |
| The Grant Application Process | Karen Cropsey, Psy.D. |
| Experimental Research Methods in Psychology | Justin Thomas, Ph.D., DBSM |

Neuropsychology Didactics:

Neuropsychology focused interns will participate in a weekly neuropsychology didactic. This includes a rotating series of case conference, journal club, fact finding, board review topics, and neuroanatomy review. Interns are required to attend at least 75% of didactics. They are also expected to present one case conference, one board review topic, two fact findings, three journal clubs, and rotating brief neuroanatomy presentations.

Optional Didactics:

In addition to the required weekly didactic seminar, there are numerous additional didactic opportunities available throughout the medical center that interested interns may attend, pending approval by their rotation supervisors.

As an academic medical center, UAB hosts many opportunities including Geriatrics, Gerontology, and Palliative Care Conference; Psychiatry Grand Rounds, Neurology Grand

Rounds, Physical Medicine and Rehabilitation Grand Rounds, Neuroimaging Journal Club, Brain Cuttings, Adolescent Medicine Seminars and Online Curriculum, Pediatric Grand Rounds, Child and Adolescent Psychiatry Grand Rounds, and Neurosciences seminar at UAB, among others. UAB and Children's of Alabama also host an Epilepsy Case conference.

Other Training

Intern Research Seminar

This research requirement involves a 30-minute presentation given by each intern to peers as well as at least four training faculty members. Research presentations may consist of the intern's original research or a clinical case conference focused on published peer-reviewed research that illuminates a complex case or disorder. Research presentations may occur at neuropsychology didactics, with the LEND program, or within Psychotherapy Consultation Series.

Research, Administrative or Program Development Time

Interns receive up to 4 hours per week of protected research, administrative or program development time. The specifics to this training opportunity should first be discussed with year-long supervisor, who will then present the proposal of the 4 hours to the Internship Training Committee. Interns interested in engaging with research are encouraged to identify research mentors from among the internship faculty. Many clinical supervisors (listed above) also have active research programs, and interns may discuss options with them. Several additional faculty members also have active research programs in which interns may become involved: Research on suicide, substance use, trauma, and HIV risk in underrepresented populations with Caitlin Clevenger, Ph.D. ; Research in Substance Abuse with Karen Cropsey, Psy.D.; and Research on Adjustment to Chronic Health Concerns with Laura Dreer, Ph.D. Other opportunities are available based on intern interest.

Administrative Policies and Procedures

Work Environment and Administrative Assistance

Interns select multiple training experiences from within the UAB Health System and The Children's Hospital of Alabama. Each site is responsible for providing adequate space and equipment for interns to conduct their training. Most offer designated office space and computers or computer access. Sites also provide administrative support appropriate to the training activities.

Diversity Statement

UAB adheres to Equal Employment Opportunity policies and the Americans with Disabilities Act. The internship highly values individual and cultural diversity and strongly encourages qualified applicants from all backgrounds to apply. No applicant or intern will be discriminated against on the basis of race, gender, color, sexual orientation, ethnicity, religion, age, physical ability, or other cultural/individual differences. Applicants of diverse cultural and individual backgrounds are strongly encouraged to apply.

Work Week

The work week and clinic hours for support staff of most Medical Center work sites is typically 8:00 a.m. to 5:00 p.m. Monday through Friday. These hours vary somewhat among programs (e.g. some rotations begin at 7:00 a.m.; others end at 6:00 p.m.). The typical workday of interns is expected to be 8 hours per day for 40 hours per week. Hours outside of the typical workday are expected but vary from site to site.

Stipend and Financial Assistance

Each funding site has required paperwork that is completed at the beginning of the internship year. Stipends are paid according to the policy established by each stipend support site. Stipends for the 2023-2024 training year are as follows: \$ 27,479 (UAB Psychiatry & Family Medicine), and \$ 24,498 (Sparks-Civitan Child Track). Health insurance is available to interns and their spouses/families through all funding sources.

Holidays

New Year's Day (December 31st), Dr. Martin Luther King, Jr Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Day, New Year's Holiday (January 2nd). *In special circumstances, other days may be declared holidays by appropriate administrative authority.

Leave Intern leave includes:

- 13 days for vacation, Up to 13 days sick leave
- Additional time may be requested for approved professional activity

All requests for leave are to be submitted using the MedHub online system. The intern applies in MedHub and the leave request is routed to the Major rotation supervisor for approval. The minor rotation supervisor should be notified of the leave with an email approval sent to the internship administrative coordinator. The intern is responsible for obtaining permission from the year-long supervisor as well as other supervisors and for arranging clinical coverage as necessary. Permission for planned leave time is required. If the intern is ill, they must notify the supervisor as soon as possible and do so on a regular basis if illness is prolonged. Interns should contact the rotation administrative support team and take whatever other steps are necessary to cancel, reschedule or otherwise cover scheduled clinical contacts. Upon return to work, a MedHub leave request should be completed. Leave time may not be used in bulk at the end of the year without prior approval from the year-long supervisor and the Training Directors.

*****Due to current COVID-19 regulations, if you have symptoms of COVID-19, contact your***

healthcare provider and notify the Training Directors. Do not come to work or report to your rotation site (CDC isolation guidance). Employee Health will actively monitor your progress and follow up with you as necessary**

Schedules

It is the intern's responsibility to circulate a copy of their rotation schedule and phone numbers where they may be contacted to their year-long supervisor, rotation supervisors, training directors, and internship administrative personnel. Every attempt should be made to keep these schedules up-to-date. A new schedule sheet should be made with each rotation change. The intern is responsible for informing the appropriate supervisor of their schedule and patient appointments. This procedure will help ensure charts are made, fees are collected, and interview rooms are not double scheduled.

Outside Activities

All outside activities, including external work, seeing patients, conducting research, outside consultation or public presentations must be approved by the training directors, the intern's supervisor (s), and the Internship Training Committee (ITC). In no case is an intern to commit to a training or research activity without due consultation with the supervisor(s). Initiative is encouraged but no arrangement should be made before obtaining the consent of the supervisors, the training directors, and the ITC.

Extension of Internship

The internship is designed to be completed in twelve (12) consecutive months. It may be extended if the intern has been granted personal/medical leave or has not demonstrated satisfactory progress such that the intern will not have completed 2000 hours of internship experience. If such extensions occur, they will be on a non-stipend basis, as funding cannot be extended beyond the consecutive 12 months period. Such decisions will be made on an individual basis and should be brought to the Training Directors and Committee by the intern's year-long supervisor.

Internship Certificate Award

Following a successful completion of the internship, the intern is awarded a certificate of completion of internship training. The UAB Psychology Internship also awards the C.J. Rosecrans Intern of the Year Award for excellence in performance. This award is voted on by the ITC faculty and is generally accompanied by a monetary gift.

Internship Training Committee

The Internship Training Committee (ITC) consists of licensed professional psychologists involved with the provision of clinical services within the UAB School of Medicine and Children's Hospital. Members of the ITC provide clinical experiences, didactic training, and/or research opportunities across settings from which interns may choose. The ITC is responsible for establishing policies and procedures, evaluating the program, and reviewing intern progress.

ITC meetings occur on the fourth Tuesday of the month at 12:00 noon via zoom. These meetings include internship updates, information from the intern representative, and evaluation of intern progress.

Evaluations

Evaluation is an ongoing process, and the ITC strongly encourages supervisors and interns to share feedback with each other informally throughout the year. Formal intern evaluations take place at the midpoint and end of rotations. The intent of the midpoint evaluations is to provide early identification of any areas of concern so that the faculty and intern can address deficits early. Midpoint evaluations are considered "formative" with greater emphasis placed on the end of rotation performance ratings with respect to assessing progress. For interns to meet the minimum level of achievements (MLA) on their evaluations, they must have an average score of, "(5) Little consultation/Supervision needed. Sound clinical thinking/judgement evident overall. (Intern exit level; postdoc entry level)," or higher on each PWC at the end of their final rotation. This average will be created across supervisor ratings of their final major and minor rotations.

In collaboration with the Training Directors, each intern's year-long supervisor will assess competency ratings at the end of each rotation to ensure that informative feedback is provided to interns and supervisors and to allow for any necessary remediation with interns who might be at risk for not meeting the MLAs by the end of the year. Rotation feedback will be discussed with the intern by rotation supervisors as well as the year-long supervisor. The supervisor reviews the feedback with the intern and the written evaluation will be placed in the intern's permanent file by the internship administrative personnel.

Interns are also responsible for evaluating the internship program. Rotation evaluations take place immediately following completion of the experience to capture accurately the intern's perspective; therapy and year-long supervisor evaluation forms will be given to interns at the end of the year and returned to internship administrative assistant for collation and recording. These evaluations are conducted via anonymous forms as well as during an exit interview with the designated faculty.

Guidelines for Responding to Inadequate Performance by an Intern

These guidelines represent the general format for responding to inadequate performance (problem behaviors, ethical violations, inadequate skills) by an intern. The procedures can be altered to meet the needs of each individual situation, with the top consideration for the best interest of the intern's training experience and the professional practice of psychology.

- Training faculty member first discusses the concern with the intern in an effort to resolve the issue informally. This level of intervention is discussed during the rotation evaluation at the discretion of the faculty member.
- If the faculty member is dissatisfied with the results of the informal intervention, the issue is brought to the attention of the Training Directors and the intern's year-long supervisor. Plans for additional informal intervention are discussed. Usually the intern

is involved in this process. This level of intervention is discussed during the rotation evaluation and may be informally discussed with the intern's DCT from their university.

- If the results of the previous intervention are unsatisfactory, the Training Directors will initiate a written warning letter that will be reviewed with intern and placed into the intern's file. The DCT will be contacted by the Training Directors and may be sent a copy of the written warning letter.
- Dissatisfaction after a written warning will result in probation and potentially termination from the internship program as outlined by the remediation plans.

Problematic Behavior

Problematic Behavior refers to behavior which interferes with professional functioning. These behaviors may include any of the following:

- Inability to acquire professional skills or knowledge to meet profession wide competency standards.
- Inability to control personal stress, strong emotional reactions, and/or psychological dysfunction that negatively impact the intern's ability to meet professionalism competency standards.

Interns may demonstrate certain attitudes, characteristics, or behaviors appropriate for their level of training, but not appropriate to independent professional practice. These behaviors may be of concern within the focus of professional training but are not necessarily considered problematic. Behaviors are typically identified as problematic in the following situations:

- The intern does not acknowledge, understand, or address the problem when it is identified
- The quality of services delivered by the intern is negatively affected
- A disproportionate amount of attention by training personnel is required
- The trainee's behavior does not change as a function of feedback, remediation effort and/or time.

Remediation and Disciplinary Actions

Formal disciplinary action may include verbal warning, written warning, probation, and termination. Usually this represents a linear progression but is not necessarily followed depending upon the problematic behavior. In cases where personal or public property has been stolen, defaced, disfigured, damaged, or destroyed, the disciplinary action may also include restitution. The Director of Clinical Training at the intern's university is contacted once a written warning, probation, or termination occurs, but may also be notified at the time of a verbal warning as well. Every effort is made to interact with the university DCT to offer remediation plans and support to the intern. The disciplinary actions are defined as follows:

Verbal Warning: The intern is given verbal feedback from a supervisor and the training directors to emphasize the need to discontinue the inappropriate behavior under discussion. No record of this action is kept.

Written Warning: The intern is given written feedback indicating the concern of the Training Directors and ITC regarding the problematic behavior. The feedback also documents the discrepancy between the intern's performance and the faculty expectations. A remediation plan is outlined as specifically as possible (target behaviors, timeline, etc.) and the implications of failure to accomplish remediation are reviewed. The intern will be provided a copy of the remediation plan signed by the internship training director, site training director, the intern's yearlong supervisor, and the intern. A copy of this letter will be kept in the intern's file as well as documentation regarding successful remediation of deficits in knowledge, skills, or professional conduct or failure to do so. The intern will be provided written acknowledgement of successful completion of the plan. If the intern has not successfully met expectations, he/she will be informed in writing and placed on probation (see the following discussion).

Probation: The intern is given a time-limited, remediation-oriented, closely supervised training period. The purpose is to assess the ability of the intern to complete the internship and to return the intern to a more fully functioning state. Privileges may be revoked and the intern may be terminated for unsuccessful completion of the remediation plan outlined in the probation terms. Probation terms will include identification of the specific behaviors targeted for remediation, the process suggested for remediation and the means of reevaluating behavior change. Information regarding Probation remains in the intern's file along with written confirmation of the results following the probationary period.

Termination: Dismissal from the internship results in permanent withdrawal of all internship responsibilities and privileges. When remediation plans do not rectify the problem behavior or concerns, the Training Directors and the Internship Training Committee will determine the possibility of termination of the intern's position. Human Resources and Education Officials at the intern's funding site will also be consulted when termination is being considered. This action is considered the last available option and is taken seriously by the Training Directors and ITC. In the event of termination, the intern will receive a letter stating in what ways the intern failed to rectify successfully the specific knowledge, skill, or behavioral problems outlined in the written warning and probationary period. Terminated interns will not receive a certificate of internship completion.

Due Process General Guidelines

Due process ensures that decisions about interns are not arbitrary or personally based. It requires that the Training Program identify specific evaluative procedures which are applied to all trainees and provides appropriate appeal procedures available to the intern. All steps need to be appropriately documented and implemented. General due process guidelines include:

- 1.** During the orientation period, presenting to the interns, in writing, the program's expectations related to professional functioning. Discussing these expectations in both group and individual settings.
- 2.** Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.

3. Articulating the various procedures and actions involved in making decisions regarding the problem behavior or concerns.
4. Communicating, early and often, with graduate programs about any suspected difficulties with interns and when necessary, seeking input from these academic programs about how to address such difficulties.
5. Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
6. Providing a written procedure to the intern which describes how the intern may appeal the program's action. Such procedures are included in the intern policies and procedures document. This is provided to interns and reviewed during orientation.
7. Ensuring that interns have sufficient time to respond to any action taken by the program.
8. Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance.
9. Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

Due Process Procedures

The basic meaning of due process is to inform and to provide a framework to respond, act or dispute. When a matter cannot be resolved between the Training Directors and intern or staff, the steps to be taken are listed below.

Grievance Procedure

Grievance procedures may be initiated under the following conditions:

1. When an intern encounters any difficulties or problems (e.g. poor supervision, unavailability of supervisor, evaluations perceived as unfair, workload issues, personality clashes, other staff conflict) during his/her training experiences; or
2. If a training staff member has a specific concern about an intern.

Procedure for filing a grievance

When an intern contends that any disciplinary action (warning, probation, termination) is unfair, or that due process has not been followed, the intern may address the grievance in a variety of avenues. In general, the specific contention should be addressed by following a standard hierarchy. This hierarchy may be altered due to the parties involved.

1. If possible, the grievance should first be addressed through open discussion between the intern and faculty member with the year-long supervisor assisting communication, as needed. The year-long supervisor may be consulted at any time to offer guidance and support but will generally allow the intern to address the issue with the specific faculty member.
2. The intern may also report directly the training directors. Again, the year-long supervisor can offer guidance and support during the process.

3. If a resolution satisfactory to the intern and/or faculty member has not been established, the intern or faculty member may submit the issue to the ITC for review. This grievance should be submitted in writing and should describe the problem and describe previous attempts to deal with it. This written grievance should be submitted to the intern's year-long supervisor and to the Training Directors within two weeks of receiving the disciplinary action. The Training Directors will then put the grievance on the ITC agenda at which time the intern may request to be present during review of the issue. The ITC will investigate the grievance with the supervisor and attempt to gain resolution. If no satisfactory resolution can be reached, the ITC will make a decision regarding the disposition of the grievance.

4. If the intern is dissatisfied with this resolution, the intern may submit a further appeal in writing to a Review Panel (described below) whose ruling will be final.

Notes: The year-long supervisor serves as the advocate for the intern. If this presents a dual role (i.e. the year-long supervisor is the individual with whom a grievance is involved) then another advocate will be assigned by the Training Directors.

Discuss the issue with the intern(s) involved

1. Consult with the Training Directors

2. If the issue is not resolved informally, the staff member may seek resolution of the concern by written request, with all supporting documents, to the Training Directors for a review of the situation. When this occurs, the Training Directors will:

a. Within three days of a formal complaint, the Training Directors must consult with the faculty and implement Review Panel procedures as described below.

Review Panel and Process

1. When needed, a review panel will be convened by the Training Directors, with the Training Director for the funding source leading the process. The panel will consist of three internship faculty members, with no prior involvement, reviewing the grievance, selected by the ITC and the intern involved in the dispute. If the issue involves the Training Directors or any member of the ITC, that individual will be recused from selecting the Review Panel. To minimize conflicts of interests and/or possible retaliation, members of the Review Panel will be chosen from entities separate from the involved faculty member's institution and/or department. The intern has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.

2. Within five (5) work days, a hearing will be conducted in which the challenge is heard and relevant material presented. Within three (3) work days of the completion of the review, the Review Panel submits a written report to the ITC, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.

3. Within three (3) work days of receipt of the recommendation, the ITC will either accept or reject the Review Panel's recommendations. If the ITC rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the ITC may return the matter to the Review Panel for further deliberation and revised recommendations or may make a final decision.

4. If referred back to the panel, they will respond to the ITC within five (5) work days of the receipt of the ITC’s request of further deliberation. The ITC then makes a final decision regarding what action is to be taken.

5. The ITC informs the intern, staff members involved and, if necessary, members of the training staff of the decision and any action taken or to be taken.

6. If the intern disputes the ITC’s final decision, the intern has the right to contact the Human Resources department of their funding site (e.g., UAB or BVAMC) to discuss this situation.

Training Staff

| Name | Location | Internship | Post-Doc | Specialties |
|---|---|---|---|--|
| Heather Austin, Ph.D.; Auburn University | UAB Department of Pediatrics, Adolescent Health Center/Children’s of AL | UAB-BVAMC Consortium (child track) | UAB Department of Hematology/Oncology | Adolescent Health and risk reduction, Motivational Interviewing, Chronic Illness, Weight Management, ADHD |
| Casey B. Azuero, Ph.D., MPH, ABPP; University of Alabama | UAB Spain Rehabilitation Center | UAB-BVAMC Consortium | | Rehabilitation Psychology, Spinal Cord Injury (SCI) |
| Andrea S. Celka, Ph.D.; Indiana University--Bloomington | UAB Department of Neurology | UAB/BVAMC Consortium | UAB Department of Neurology | Neurodegenerative diseases, movement disorders, neurovascular diseases |
| Caitlin Clevenger, Ph.D.; University of Tennessee | UAB Department of Psychiatry | UAB-BVAMC Consortium | UAB Department of Psychiatry and Behavioral Neurobiology | Research on Substance Abuse, Suicide, and HIV in Underrepresented Populations |
| Kaylee Crockett, PhD University of Connecticut | UAB Department of Family and Community Medicine | Medical College of Georgia | UAB Family Medicine | Family and Community Medicine; Research of AIDS, Obesity and Clinical & Translational Science |
| Karen Cropsey, Psy.D.; Indiana State University | UAB Department of Psychiatry | Virginia Commonwealth University | Forensic Psychology at University of Mississippi Medical Center | Criminal Justice and Substance Abuse, Research |
| Michael Crowe, Ph.D.; University of Southern California | UAB Center for Research on Applied Gerontology | Birmingham VAMC | | Geropsychology, Research |
| Victor A. Del Bene, Ph.D.; Yeshiva University, Ferkauf Graduate School of Psychology | UAB Department of Neurology | UAB-BVAMC Consortium | Johns Hopkins University School of Medicine- Department of Psychiatry and Behavioral Sciences | Clinical neuropsychology, aging, dementia, Alzheimer’s disease, Parkinson’s disease, frontotemporal dementia, HIV, epilepsy, presurgical assessments (DBS, epilepsy), research |
| Kristy Domnanovich, Ph.D.; University of Southern Mississippi | UAB Civitan-Sparks Clinics | UAB-BVAMC Consortium, Child Specialty Track | UAB Civitan-Sparks Clinics | Outpatient evaluation of school-age children experiencing academic, behavioral, or emotional difficulties, evaluation of preschool to school-age children with suspected |

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| | | | | developmental delays, and developmental evaluation of children (aged 18 months to 3 years) born pre-term with extremely low birth weight. |
| Laura E. Dreer, Ph.D.; Central Michigan University | UAB Department of Ophthalmology | Duke University Medical Center | Duke University Medical Center (Neuropsychology); UAB (Medical Rehabilitation Psychology) | Clinical research with a variety of medical conditions and populations including traumatic brain injury, vision impairment, injured military and family caregivers |
| Aaron Fobian, Ph.D.; University of Alabama at Birmingham | UAB Department of Psychiatry | Baylor College of Medicine | Leadership Education in Adolescent Medicine (LEAH) UAB Department of Pediatrics | Clinical research on behavioral health interventions for pediatric health issues such as functional neurological disorders, obesity and sleep. |
| Adam Gerstenecker, Ph.D.; University of Louisville | UAB Department of Neurology | UAB-BVAMC Consortium | UAB Department of Neurology | Neuropsychology/Neurocognitive Assessment |
| Merida Grant, Ph.D.; Duke University | UAB Department of Psychiatry | Western Psychiatric Institute and Clinic at Pittsburgh | Western Psychiatric Institute and Clinic at Pittsburgh | UAB Trauma Recovery Center |
| Melissa Greenfield, Psy.D.; The Chicago School at Xavier University | UAB Department of Psychiatry and Behavioral Neurobiology | UAB-BVAMC Consortium | UAB Department of Psychiatry and Behavioral Neurobiology | Consultation-liaison psychology; clinical health psychology; specialty populations include neurodevelopmental disorders, functional neurological disorders, epilepsy, post-COVID; brief cognitive assessment (IQ) and behavioral medicine |
| Megan McMurray Hays, Ph.D., ABPP; University of South Florida | UAB Spain Rehabilitation Center | UAB-BVAMC Consortium | UAB Spain Rehabilitation Center | Inpatient and Outpatient focusing on assessment and treatment of individuals who have experienced medical trauma (e.g., crush, burn, amputation, multiple fractures, gun shots wounds). Clinical specialties include trauma and stressor-related disorders, adjustment disorders, depression, anxiety, and substance use disorders |
| Sean Hollis, Ph.D.; University of Mississippi | UAB Spain Rehabilitation Center | Nebraska Internship Consortium in Professional Psychology | UAB Spain Rehabilitation Center | Acquired brain disorder, particularly traumatic brain injury; interdisciplinary outpatient post-concussion clinic, Outpatient programs focusing on assessment and treatment of patients with acquired brain disorders |

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| John Houser, Ph.D. ; Indiana University | UAB Civitan-Sparks Clinics | Indianapolis Public Schools (School Psychology Internship) | Indiana University School of Medicine | Children with or at risk for neurodevelopmental disabilities, psychoeducational assessment and service provision, school and community partnerships, philosophical psychology |
| Brittnay Jondle, PsyD; Azusa Pacific University | UAB Department of Psychiatry | Lincoln Hills/Cooper Lake Schools; Wisconsin Department of Corrections | Children’s Hospital of Los Angeles (CHLA), Division of Adolescent and Young Adult Medicine | Adolescent and young adult populations; co-occurring chronic medical conditions, trauma-informed care, gender affirming care |
| Amy Knight, Ph.D., ABPP-CN; University of Wisconsin--Madison | UAB Spain Rehabilitation Center | West Virginia School of Medicine | UAB Department of Neurology | Assessment & Therapy - Stroke, Acquired Brain Injury, MS, Functional Neurological Syndromes |
| Kristine Lokken, Ph.D.; University of North Dakota | UAB Department of Psychiatry | Rush Presbyterian St. Luke’s Medical Center | UAB Center for Psychiatric Medicine | Neuropsychology; Behavioral Medicine; Post-COVID; Prevention and Early Intervention for Cognitive Decline; Women's Health |
| Avi Madan-Swain, Ph.D.; Georgia State University | UAB/Children’s of AL | UAB-BVAMC Consortium | UAB-Pediatric Neurology | Psychological and neuropsychological assessment of children diagnosed with cancer, brain tumors, childhood cancer survivors, and sickle cell disease |
| Elaine Mahoney, Ph.D.; University of Wisconsin | UAB Spain Rehabilitation Center | James A. Haley VAMC (Tampa, FL) | Clinical Neuropsychology, James A. Haley VA (Tampa, FL) | Neuropsychological assessment—Neurotrauma TBI and Stroke Inpatient Service |
| Roy Martin, Ph.D.; Louisiana State University | UAB Department of Neurology | West Virginia University, School of Medicine | West Virginia University, School of Medicine | Work with various neurological and medical populations including Alzheimer’s disease, Parkinson’s disease and epilepsy. Offer experiences with pre and post-operative surgery evaluations with epilepsy and Parkinson’s disease populations. Opportunity for students to participant in Wada testing |
| Dan Marullo, Ph.D.; University of Alabama at Birmingham | Children’s of AL | University of Texas Medical Branch | Shriners Burns Institute (Pediatric Psychology); UAB Sparks Clinics (Pediatric Neuropsychology) | Provide psychological and neuropsychological services to the Solid Organ Transplant Service, the Pain Clinic and Pediatric Hematology/Oncology Division at Children’s Hospital primarily in the areas of brain tumor and stem cell transplant; Consultant to the Pediatric HIV clinic; Site neuropsychologist for the SMAART study (study of HIV |

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| | | | | negative children exposed to HAART in utero); Outpatient psychological and neuropsychological evaluation |
| Donna Murdaugh, Ph.D., ABPP-CN; University of Alabama at Birmingham | Children's of AL | Emory University School of Medicine | Emory University School of Medicine, Neuropsychology Emphasis | Neuropsychology, Consult/Liasion with Taking on Life After Cancer Clinic |
| Cassandra Newsom, Psy.D.; Virginia Consortium | UAB Civitan-Sparks Clinics | Virginia Beach City Public Schools, Neuropsychology Track | Virginia Beach City Public Schools, Neuropsychology Center | Autism Spectrum Disorders (ASD) training team at Civitan-Sparks Clinics |
| Tiffany Nowell, Ph.D.; St. Louis University | UAB Department of Psychiatry | Stony Brook University | University of California, Santa Cruz | LGBTQ Community, Trauma, Characterological Disorders, Women's Health |
| Sarah O'Kelley, Ph.D.; University of Alabama | UAB Civitan-Sparks Clinics | UAB-BVAMC Consortium-Child Specialty Track | UAB Civitan-Sparks Clinics | Cognitive and diagnostic evaluations of children with known or suspected neurodevelopmental disabilities, including ASD; individual and family therapy, social skills groups, and school consultation focused on children with ASD. |
| Christina Pierpaoli Parker, PhD; University of Alabama | UAB Department of Psychiatry | UAB-BVAMC Consortium | UAB Department of Psychiatry | Integrative Primary Care |
| Rebecca Rampe, PsyD; Georgia School of Professional Psychology | UAB Department of Psychiatry | The College of William and Mary | | Developmental trauma and traumatic grief |
| Brittney Randolph, Ph.D.; Fielding University | UAB Department of Psychiatry | UAB-BVAMC Consortium | UAB Medicine, Spain Rehabilitation Center | Adult Neuropsychology, Med/Surg, MS, Lupus, Functional Neurological Disorder |
| Ashley Reno, Psy.D.; Wright State University | UAB Department of Psychiatry | Central Arkansas Veterans Healthcare System (Neuropsychology Track) | University of Virginia Health / School of Medicine | Adult clinical neuropsychology, general neuropsychology, various neurologic and medical populations |
| Nina Reynolds, Ph.D.; University of Alabama at Birmingham | Children's of AL | Cincinnati Children's Hospital Medical Center, Department of Behavioral Medicine and Clinical Psychology | UAB, Department of Pediatrics | Children and adolescents |
| Sarah Ryan, Ph.D.; University of Alabama | UAB Civitan-Sparks Clinics | UAB-BVAMC Consortium, Child Specialty Track | | Neurodevelopmental disabilities/Autism |
| Kristen Smith, Ph.D.; Georgia State University | Children's of AL | UAB-BVAMC Consortium | Birmingham VAMC (clinical neuropsychology) | Neuropsychological evaluation of children with epilepsy, concussion/traumatic brain injury, and other neurological conditions. Provides CBT-based therapy to children and families |

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| Alison R. Thomas, Ph.D.; Suffolk University | UAB Department of Psychiatry | UAB-BVAMC Consortium | | Serious and persistent mental illness, early phase psychosis identification and treatment, inpatient neuropsychological assessment |
| Justin Thomas, Ph.D.; University of Alabama | UAB Department of Psychiatry | University of Florida | UAB research fellowship in sleep and hypertension | 80% research/20% clinical; Director of UAB BSM Training Program (treat a variety of patients with sleep disorders) |
| Matthew Thompson, Psy.D., ABPP-CN; Nova Southeastern University | Children’s of AL | University of Oklahoma Health Sciences Center | University of Oklahoma Health Sciences Center | Neuropsychological assessment of children with TBI, epilepsy, and other neurological conditions |

INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

INTERNSHIP PROGRAM TABLES

Date Program Tables are updated: August 2021

Program Disclosures

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| Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values, | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| If yes, provide, website link (or content from brochure) where this specific information is presented: | N/A |

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:

Candidates for UAB Psychiatry and UAB Child tracks must show verified progression within a doctoral program in Clinical Psychology that is APA-accredited (or in the process of APA accreditation with reasonable likelihood of success).

Strong applicants to the training program possess both research productivity and clinical experience including intervention, direct assessment, and report writing. While there are no minimum required hours of assessment and intervention, applicants exceeding 600 total direct hours are more likely to be invited for interview, especially in the context of published research. Our settings and faculty offer training across a broad array of clinical experiences, including neuropsychology, Behavioral medicine, trauma recovery, and rehabilitation. We welcome applicants with primary interests in assessment, intervention, or both.

We are strongly committed to building a diverse internship class and welcome applications from prospective trainees of varied ethnic, cultural, sexual orientation, and/or disability backgrounds.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours: x N Y Amount: N/A

Total Direct Contact Assessment Hours: x N Y Amount: N/A

Describe any other required minimum criteria used to screen applicants: N/A

Financial and Other Benefit Support for Upcoming Training Year

| | |
|--|---|
| Annual Stipend/Salary for Full-time Interns | UAB Psychiatry: \$23, 660 (2022-23) UAB Psychiatry: \$27,479 (2023-24) UAB Family Med: \$27,479 (2023-24) UAB Child: \$24, 298 |
| Annual Stipend/Salary for Half-time Interns | N/A |
| Program provides access to medical insurance for intern? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| If access to medical insurance is provided: | |
| Trainee contribution to cost required? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Coverage of family member(s) available? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Coverage of legally married partner available? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Coverage of domestic partner available? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Hours of Annual Paid Personal Time Off (PTO and/or Vacation) | 104 |
| Hours of Annual Paid Sick Leave | 104 |

| | |
|--|---|
| In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Other benefits (please describe): N/A | |

*Note: Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

Initial Post Internship Positions

| | |
|--|----|
| Total number of interns who were in cohorts 2017-2020 | 24 |
| Total number of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree | 0 |

| Primary Setting | Post-doctoral residency position | Employed position |
|---|----------------------------------|-------------------|
| Community mental health center | | |
| Federally qualified health center | | |
| Independent primary care facility/clinic | | |
| University counseling center | | |
| Veterans Affairs medical center | 2 | |
| Military health center | | |
| Academic health center | 20 | 1 |
| Other medical center or hospital | | |
| Psychiatry hospital | | |
| Academic university/department | | |
| Community college or other teaching setting | | |
| Independent research institution | | |
| Correctional facility | | |
| School district/system | | |
| Independent practice setting | 1 | |

| | | |
|--------------------------|--|--|
| Not currently employed | | |
| Changed to another field | | |
| Other | | |
| Unknown | | |

Post-Internship Positions (Last 4 Cohorts)

2020-2021

Mental Health Clinic Staff Psychologist—Birmingham VAMC
 Neuropsychology Postdoctoral Fellowship—Michigan Medicine/University of Michigan
 Neuropsychology Postdoctoral Fellowship—MD Anderson Medical Center (Houston)
 Rehabilitation Neuropsychology Postdoctoral Fellowship—Spain Rehabilitation Center, UAB
 Department of Physical Medicine and Rehabilitation
 Clinical Psychology Postdoctoral Fellowship--Hawai'i Center for Children and Families
 Pediatric Neuropsychology Postdoctoral Fellowship—Indiana University
 Postdoctoral Fellowship to Faculty Track (Consult-Liasion)—UAB Department of Psychiatry and
 Behavioral Neurobiology
 Postdoctoral Fellowship—Pediatric Private Practice

2019-2020:

Neuropsychology Postdoctoral Fellowship--Dartmouth-Hitchcock Medical Center
 Research Postdoctoral Fellowship—University of Michigan
 Postdoctoral Fellowship to Faculty Track—Integrated Behavioral Medicine Service, UAB
 Department of Psychiatry and Behavioral Neurobiology
 Neuropsychology Postdoctoral Fellowship—West Virginia University School of Medicine
 Neuropsychology Postdoctoral Fellowship—University of California-San Diego
 Neuropsychology Postdoctoral Fellowship—University of Pennsylvania/Philadelphia VAMC
 Postdoctoral Fellowship—UAB Sparks-Civitan Clinics
 Postdoctoral Fellowship—UAB Sparks-Civitan Clinics

2018-2019:

Neuropsychology Postdoctoral Fellowship—Birmingham VA Medical Center
 Neuropsychology Postdoctoral Fellowship—Tampa VA Medical Center
 Research Postdoctoral Fellowship—UAB Department of Psychiatry and Behavioral Neurobiology
 Neuropsychology Postdoctoral Fellowship—UCLA School of Medicine
 Neuropsychology Postdoctoral Fellowship—Michigan Medicine/University of Michigan
 Neuropsychology Postdoctoral Fellowship—Cedars-Sinai Medical Center
 Clinical Psychologist--University of Mississippi School of Medicine
 Postdoctoral Fellowship—Children’s National Medical Center

Graduate Schools of Previous Trainees

(Last 5 cohorts)

2021-2022

Brigham Young University
Georgia State University
Uniformed Services University of the Health Sciences
California School of Professional Psychology at Alliant University
Palo Alto University
Fielding Graduate University
University of Southern Mississippi
Washington State University
University of Alabama at Birmingham

2020-2021

Brigham Young University
University of Mississippi
University of Central Florida
Chicago School of Professional Psychology—Chicago campus
Chicago School of Professional Psychology at Xavier University—New Orleans
Wheaton College
Kent State University
Washington State University

2019-2020

University of South Alabama
University of North Dakota
University of Alabama
Ohio State University
Wheaton College
San Diego State University/University of California—San Diego Joint Doctoral Program
Mercer University
University of Southern Mississippi

2018-2019

University of Central Florida
University of Tennessee
University of Texas-Austin
St. Louis University
University of South Florida
California School of Professional Psychology at Alliant University
University of Mississippi
University of Rochester

2017-2018

University of Mississippi

Binghamton University

University of Alabama

Mercer University

Fielding Graduate University

Eastern Michigan University

University of Texas-Austin

City University of New York