



The UNIVERSITY of OKLAHOMA • COLLEGE of MEDICINE

The University of Oklahoma Health Campus, College of Medicine, Clinical Psychology Internship

Thank you for your interest in our APA Accredited Internship. For the 2027-2028 academic year, our internship program has seven positions that begin July 1 and continue one calendar year through June 30. Applicants to the internship must be in good standing in an APA-Accredited doctoral program in clinical, counseling, or school psychology and must have completed at least three years of graduate study leading to a doctoral degree. We do not accept applicants from social psychology or industrial/organizational programs. The internship also considers postdoctoral applicants who qualify for a one-year internship.

The internship applicant's training must conform to the guidelines established by the APA Commission on Accreditation, in that the applicant must be enrolled in a university APA-Accredited program of graduate education for training in clinical, counseling, or school psychology.

[Internship Admissions, Support, and Initial Placement Data](#)

For more information about Internships you can use the following link: <https://accreditation.apa.org/policies>

Additional Information

Questions related to the program's accreditation status should be directed to the Commission on Accreditation at the following address:

American Psychological Association

750 First Street N.E.

Washington, D.C. 20002-4242

Telephone: (202) 336-5979

Fax: (202) 336-5978

E-mail: apaaccred@apa.org

<https://accreditation.apa.org/>

This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

University of Oklahoma Health (OUH) Clinical Psychology Internship
Department of Psychiatry and Behavioral Sciences
920 Stanton L. Young Blvd., WP 3rd floor Oklahoma City,
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405-271-5251, Ext. 47680

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In addition to our internship, we also have two postdoctoral psychology training programs; information on them can be found by following links below:

[Residency in Clinical Psychology \(approximately 4 residents\)](#)

[Residency in Clinical Neuropsychology \(2 residents\)](#)

Why You Belong at the University of Oklahoma

The University of Oklahoma fosters an inclusive culture of respect and civility, belonging, and access, which are essential to our collective pursuit of excellence and our determination to change lives. The unique talents, perspectives, and experiences of our community enrich the learning, and working environment at OU, inspiring us to harness our innovation, creativity, and collaboration for the advancement of people everywhere.

EEO STATEMENT

The University of Oklahoma, in compliance with all applicable federal and state laws and regulations, does not discriminate on the basis of race, color, national origin, sexual orientation, genetic information, sex, age, religion, disability, political beliefs, or status as a veteran in any of its policies, practices, or procedures. This includes, but is not limited to: admissions, employment, financial aid, and educational services.

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Application Information

Our program participates in the selection procedure as suggested by the Association of Psychology Internship Centers (APPIC). The internship site agrees to abide by the **APPIC policies**. No person at this training facility will solicit, accept or use any ranking-related information from any intern applicant. All interviews are on an invitation-only basis.

As an APPIC member, we use the standard AAPI (APPIC Application for Psychology Internship) on-line application process. *When searching for our program on the APPI, please use the **program code 1519** or the abbreviated program name (**OUH Clinical Psychology Internship**)*. Each applicant is to submit a complete set of application materials to AAPI online. The application deadline is **November 2nd**.

A fully completed application set includes

Standard On-line AAPI (APPIC) Application

1. Letter of Interest
2. Three letters of recommendation
3. Official transcripts

Please indicate **your Preferred track(s)**, in your letter of interest, which is part of the Standard Online Application. Put this information in **bold print** near the top of your interest letter. During the interview day, candidates will have a general program presentation that will cover program information and training requirements. Interviewees will also have interviews with program faculty in your preferred track area(s) to get more specific information about each track.

Note that we have 4 different tracks.

1. Clinical Neuropsychology - **Match #151914 -2 positions**
2. Child Clinical Psychology (Center for Child Abuse and Neglect/ Child Study Center) - **Match #151915 -1 position.**
3. Pediatric Psychology (Oklahoma Children's Hospital) - **Match #151917-1 position**
4. HRSA Funded Integrated Behavioral Health – **Match # 151911 – 2 positions**

You can apply to any combination of the above tracks. List **your desired track(s) in bold print near the top of your letter of interest. You will only be considered for the track(s) that you list in your letter of interest.**

The name and address of the Intern Training Director:

Amanda Cherry, Ph.D.

Director of Internship

The University of Oklahoma Health, College of
Medicine Department of Psychiatry and Behavioral
Sciences P. O. Box 26901, WP 3426
Oklahoma City, Oklahoma 73190-0901

A selection committee will review each application. As we limit the number of applicants who interview, all interviews are on an invitation-only basis. Applicants selected for an interview are typically notified by the third Friday in November. We have Christmas holidays from December 23rd through January 1st during which time we do not schedule visits. All interviews are conducted via zoom.

**** IMPORTANT, REGARDING NOTIFICATION****

The program will use the NMS Interview for notification and scheduling of interviews. Please make sure you have notifications for the Match turned on.

Interview Dates- The dates listed below are for Interviews for 2026-2027 academic year recruitment.

Clinical Neuropsychology	Child Clinical Psychology	Pediatric Psychology	Integrated Behavioral Health
Wednesday December 2, 2026	Wednesday December 9, 2026	Friday December 18, 2026	Wednesday December 16, 2026
Monday December 7, 2026	Friday December 18, 2026	Wednesday January 6, 2027	Thursday January 7, 2027
Thursday December 10, 2026	Tuesday January 5, 2027	Monday January 11, 2027	Wednesday January 13, 2027
Tuesday December 15, 2026	Friday January 8, 2027	Friday January 15, 2027	Tuesday January 19, 2027

Accreditation Status

The University of Oklahoma, College of Medicine, Department of Psychiatry and Behavioral Sciences Internship in Clinical Psychology is fully accredited through the American Psychological Association Commission on Accreditation.

Recruitment and Selection

The Internship strives to create a straightforward and transparent recruitment and selection process to fairly review all applicants. Each intern applicant must have prior intervention and assessment experience, however; we do not have specific required number of hours in each activity.

Required Prior Preparation and Experience

In order for an applicant to be considered for a training position in the OUH Clinical Psychology Internship, the trainee needs to meet the following requirements.

- The applicant's training must conform to the guidelines established by the APA Commission on Accreditation, in that the applicant must be enrolled in an APA-Accredited program of graduate education for training in clinical, counseling, or school psychology. Consideration of applicants from programs that are in the process of attaining APA Accreditation will be considered on a case-by-case basis.
- Applicants must be in good standing in their doctoral program and have a statement of Readiness for Internship from their programs Director of Training.
- Applicants must have completed at least three years of graduate study in their home institution leading to a doctoral degree.
- We do not accept applicants from social psychology or industrial/organizational programs.

Selection Process

In an effort to comply with APA specified uniform application and selection processes, the program follows the below steps to ensure all applicants are provided equal opportunity and consideration to be interviewed

and matched or offered a training position in the Internship Training Program.

- Internship applicants are screened to ensure that they meet application eligibility criteria. This screening is conducted by the program Director. For Internship applicants, this includes review for prerequisite practicum experience in assessment and intervention, accreditation status of the applicant's academic program, and the minimum of three years of graduate school preparation for internship (course work, practicum, etc.).
- The processes followed by the Clinical Psychology Internship Program for application review and selection of candidates will be uniform as follows:
 - All applications are submitted on the APPIC Liaison Application Portals.
 - All faculty participating in the review, interview, and selection process are granted access to the portal for application reviews.
 - A selection committee from each emphasis area participates in the selection process. Each track has a selection committee of 2 or more faculty representing that area with the Program Director ensuring all qualified applicants are considered.
 - Criteria by which applicants are reviewed (pre and post interview applicant rating) has been standardized via the Applicant Rating Form.
 - This form is used for pre-interview application reviews, interview ratings and comments, as well as numerically summed for post interview rankings.
 - All reviewers provide their forms to the program coordinator or program director for each step in the process. Pre-Interview summation of applicants is used to invite candidates for interviews, inform candidates if they are still under consideration but not invited for an interview or are no longer under consideration.
 - The selection committee reviews the applicant review ratings and selects applicants to be invited for interview. Candidates still under consideration, but not selected for an interview and those no longer under consideration are notified of their status.
 - The Program Coordinator communicates with all applicants to notify applicants of interview status and arrange interviews with faculty.
 - Post interview, the committee reviews the pre and post interview applicant rating forms, then comments and votes on a rank order for position offers. This is typically done based on summed numerical rank with discussion by the committee for those applicants who are tied in numerical score. For the Internship these rankings are entered into the APPIC match programs for computer match processing. The program participates in Phase I match, and Phase II match if necessary.
 - All application and post interview review applicant rating forms are provided to the Program Coordinator for the applicant file for that year.

Stipend and Benefits

The University of Oklahoma Health Campus Clinical Psychology internship offers the stipends and fringe benefits described below. Intern salary stipends are determined each year and are published on the APPIC website and presented in this brochure. **Stipend level:** \$34,000 - \$36,500 (dependent upon track funding).

Benefits

Student benefits include library and parking privileges for interns. An Employee Health Insurance policy is provided to interns funded by OUH (e.g., Child Clinical, Pediatric Psychology, Neuropsychology tracks). Additional Dental and Vision coverage is available at the OUH funded intern's expense. ** Interns funded through the Health Services and Resources Administration (HRSA) Graduate Psychology Education (GPE) Program Grant (D4054837), Integrated Behavioral Health track, will be provided with a Student Health Insurance policy, which will not include Dental or Vision coverage. Health Insurance for all interns becomes effective July 1st.

- **Leave**
200 hours of Leave (Vacation/Paid Time Off, Sick Leave, and holidays)
- **Academic Leave**
Academic Leave: 16 hours
- **Liability Insurance**
Liability Insurance: The Department provides professional liability insurance.

Life in Oklahoma City

The University of Oklahoma Health campus is right in the heart of the state capitol, Oklahoma City. The Oklahoma City metro area has great educational opportunities, professional sports, a strong economy, a commitment to the arts, and one of the lowest costs of living in the United States.

Campus

The University of Oklahoma Health in Oklahoma City serves as the State's principal educational and research facility for health care professionals. The campus is located one mile south of the state capitol and approximately two miles from the business and financial center of the city. The University of Oklahoma Health is easily accessible from anywhere in the metropolitan area.

The Colleges of Medicine, Dentistry, Nursing, Pharmacy, Public Health, Allied Health, and Graduate College are all located on the 200-acre Health Sciences complex. Also, on campus are three hospitals; Veteran's Affairs Medical Center, the Oklahoma Children's Hospital and OU Health Hospital; a medical library; and other federal, state, and private health care and research institutions. The campus' mission is three-fold: teaching, research, and patient care. The University of Oklahoma Health Campus continues to expand its educational and treatment programs. With this growth has come the challenge and excitement of a growing medical center, committed to excellence in education, patient care, and biomedical research.

The Setting

The Clinical Psychology Internship is offered through the University of Oklahoma, College of Medicine Department of Psychiatry and Behavioral Sciences. The program coordination is housed in the Department of Psychiatry and Behavioral Sciences. The Department of Psychiatry and Behavioral Sciences and affiliated training agencies are located together in a large medical complex. In addition to the Clinical Psychology Internship, the educational programs of the Department of Psychiatry and Behavioral Sciences include a neuropsychology residency, clinical psychology residency, general psychiatric residency, pediatric psychiatry fellowship, and undergraduate medical education. The department offers all trainees, whether they be psychology interns, psychology residents, psychiatric residents, or medical students, many

opportunities and interactions with other professionals in mental health services and other interdisciplinary providers across all settings.

Design of Program

The internship is a generalist model, designed to provide practical training in clinical or counseling psychology. An emphasis area in clinical neuropsychology, which meets the INS/APA Division 40 Guidelines, is available.

Adult Neuropsychology

Two interns are accepted each year in the neuropsychology emphasis track, which meets the APA Division 40(SCN) Guidelines for specialized training in neuropsychology. Further, the program has planned integration of the Minnesota Conference Guidelines for specialized training in neuropsychology. Interns on the neuropsychology track will focus clinical work in adult neuropsychology; however, they will have exposure to both child/adolescent and adult populations. For a detailed description of the experiences available on adult neuropsychology track, please see the Adult Neuropsychology Laboratory section.

Child Clinical Psychology

One intern is accepted each year to pursue a general internship program with an emphasis track in child clinical psychology. Opportunities in the child clinical psychology track include evidence-based, clinical child assessment and therapy; given the family-based nature of the work, adult experiences are also part of this track (e.g. caregiver groups). For detailed description of the experiences available on the Child Clinical Psychology Track, please see the Child Clinical Psychology section.

Pediatric Psychology

One intern is accepted each year to pursue a general internship program with an emphasis track in pediatric psychology. Opportunities in the pediatric psychology/behavioral medicine track include rotations in Pediatric Integrated Primary Care, Hematology/Oncology, Endocrinology, Weight Management, and Nephrology. Additional child clinical and adult experiences are also available as part of this track.

Integrated Behavioral Health – HRSA Funded

Two interns are accepted each year to pursue a general internship program with an emphasis track in Integrated Behavioral Health-HRSA. These positions are funded through the Health Services and Resources Administration (HRSA) Graduate Psychology Education (GPE) Program Grant D4054837. Fundamental training experiences will involve training in integrated behavioral health and substance abuse prevention and treatment within the University of Oklahoma Health Sciences Center, Department of Pediatrics. Interns within this track will complete three major rotations in integrated healthcare/behavioral medicine settings; as well as one major rotation in substance abuse prevention and treatment services, and two minor rotations in one of the following areas pediatric psychology/behavioral medicine, clinical child assessment and therapy, or adult neuropsychology rotations.

Philosophy, Aims, Goals and Competencies of Training and Clinical Orientation

Philosophy, Aims, Goals, and Competencies of Training

The aim of our internship program is to provide training opportunities that allow trainees to meet the program competencies to practice Health Service Psychology at the entry level of independent practice. To this end, our program provides supervised clinical experience, supervision and professional development opportunities, and didactic experiences, consistent with our program Aims, Goals and Competencies.

Our program subscribes to the scientist-practitioner model. Although internship is primarily focused on clinical activities, science provides the basis for much of our clinical practice. Many of our faculty are involved in research and scholarly projects and all practice evidence-based assessments and treatments. The core of the Intern's training is the clinical activities on the various rotations and each intern will be active in a wide range of clinical activities. Our program is a Generalist Internship, as interns receive experience in intervention, consultation, and assessment during the internship year. A Generalist Internship is also defined as having experience with a range of clients across ages, genders and socio-economic/cultural groups. The major aim is to prepare interns for the practice of professional psychology. The rotation choices an intern makes allow for a concentrated emphasis in Pediatric Psychology, Child Clinical Psychology, Integrated Behavioral Health, or Clinical Neuropsychology while maintaining a Generalist Internship philosophy.

Clinical Orientation

The theoretical orientation of the clinical training program is diverse and includes evidence-based intervention and assessment methods. This is reflected in the specific rotations, which comprise the training program. It is the goal of the Internship to provide a number of evidence-based therapeutic and professional models to aid interns in their search for a professionally meaningful orientation or framework. To that end, the clinical psychology faculty utilizes a variety of techniques and approaches for understanding and affecting behavior (e.g., cognitive, behavioral, family, group, etc.). Interns are encouraged to gain experience in these varied approaches from which each Intern will achieve some integration of theory and practice over the course of the Internship year.

Our internship is designed to accomplish the following Profession Wide Competencies:

To prepare Interns for entry level independent practice in Health Service Psychology. The Internship provides experience and training in the skills, knowledge and values of professional psychology to prepare interns for entry level independent practice. To accomplish the above-mentioned goal, interns receive didactics and clinical experiences to develop competency in the following Profession Wide Competencies:

Research (Competency 1)

- Demonstrate the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications); and,
- Disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

Ethical and Legal Standards (Competency 2)

- Be knowledgeable of and act in accordance with each of the following:
 - 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; and
 - Relevant professional standards and guidelines.
- Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas.
- Conduct self in an ethical manner in all professional activities.

Individual and Cultural Diversity (Competency 3)

- An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves;
- 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;
- The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles;
- The ability to apply a framework for working effectively with areas of individual and

- cultural diversity; and,
- The ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

Professional Values and Attitudes (Competency 4)

- Behave in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others;
- Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness;
- 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.

Communication and Interpersonal skills (Competency 5)

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services;
- Demonstrate a thorough grasp of professional language and concepts; produce, comprehend, and engage in communications that are informative and well-integrated; and,
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

Assessment (Competency 6)

- Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology;
- Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural);
- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process;
- Select and apply assessment methods that draw from the empirical literature and that reflect the science of measurement and psychometrics; 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;
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective; and,
- Communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

Intervention (Competency 7)

- Establish and maintain effective relationships with the recipients of psychological services;
- Develop evidence-based intervention plans specific to the service delivery goals;
- implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables;
- Demonstrate the ability to apply the relevant research literature to clinical decision making;
- Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking; and,
- Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.

- **Supervision (Competency 8)**
 - Apply this knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees;
 - Apply the supervisory skill of observing in direct or simulated practice;
 - Apply the supervisory skill of evaluating in direct or simulated practice; and
 - Apply the supervisory skills of giving guidance and feedback in direct or simulated practice.
- **Consultation and Interprofessional/interdisciplinary skills (Competency 9)**
 - Demonstrate knowledge and respect for the roles and perspectives of other professions; and
 - Apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, Direct or simulated practice examples of consultation and interprofessional/interdisciplinary skills include but are not limited to:
 - Role-played consultation with others, peer consultation, provision of consultation to other trainees.

Program Experiences:

To accomplish the above-mentioned Aims, Goals and Competencies, the program is designed to provide the following experiences:

Provide the necessary experiential activities, didactics, and supervision necessary for entry level independent practice to qualify interns for licensure as Health Service Psychologists.

Provide Interns with broad-based Generalist Internship training experience.

Generalist Internship experiences defined as: (1) clinical experience working with patients in multiple settings, (2) clinical experience working with both adults and children, and (3) clinical experiences in psychotherapy/intervention, consultation, and assessment.

Interns do not receive identical training. We provide Interns with the opportunity to make major and minor rotation choices, which will greatly impact their training experience. Intern rotation choices can result in a specialty experience within the general Internship program. The tracks available include Pediatric Psychology, Child Clinical Psychology, Integrated Behavioral Health, and Clinical Neuropsychology (which meet the INS/APA division 40 and integrate the Minnesota Conference Guidelines for specialized training in neuropsychology). Through the planning and selection of major and minor rotation experiences, interns have the opportunity to shape their internship experience to meet their training needs, while maintaining a generalist philosophy of broad clinical experiences.

Program Requirements for Graduation

Our program subscribes to the scientist-practitioner model. We believe the Internship year should be devoted primarily to gaining clinical experiences. The core of an intern's training is in the clinical activity of the rotation experiences, and each intern will be active in a range of clinical areas.

For successful completion of the Internship, Interns must meet the following criteria:

Complete a minimum of 2000 hours

Total minimum Clinical Hours 1000 hours

Minimum Clinical Face-to-face 500 hours

Individual Face-to-face, regularly scheduled supervision 200 hours

Have a rating of 3 or above on summary items for each competency area (see below for details) by the end of internship on final intern progress report

The Internship is organized in certain time-based activities. A major rotation experience is 24 hours a week and minor rotation is 12 hours per week. Each rotation period is four months in duration. These time frames (24 hours and 12 hours) include all activities related to a rotation. Activities such as clinical contact hours, non-contact clinical activities such as documentation, outside reading, travel time to rotations, report writing, rotation specific didactics, supervision hours, etc., are all considered part of the rotation time allotment. The chart below is an example of typical time spent in activities on Internship.

1st Rotation July – Oct.	2nd Rotation Nov. – Feb.	3rd Rotation March – June	
			Major Rotation = 24 hours
			Minor Rotation = 12 hours
			Required seminars = 4 hours
			Primary Supervision = 1 hour
			Major Rotation Supervision = 1.5 hours
			<u>Minor Rotation Supervision = 1.5 hours</u>
			Total 43 hrs./wk.

Clinical Experience Summary

Interns complete a minimum of 1000 clinical hours, of which 500 hours must include face-to-face contact with clients/patients. These clinical hours are obtained through major and minor rotation clinical experiences. Interns complete three major rotations consisting of twenty-four hours per week over the course of four months, as well as three minor rotations consisting of twelve hours per week over the course of four months.

- **Major Rotation:** Interns must complete three major rotations of four-month duration. Twenty-Four hours per week should be spent on major rotation activities within the intern's emphasis/track area. These hours should include all face-to-face time in providing clinical services as well as non-face-to-face time associated with providing the services including charting, reading, and rotation specific didactics. A minimum of six hours per week of face-to-face clinical service is expected within the 24 hours of major rotation. Time beyond the 24 hours can be spent if the trainee chooses to do so but is not an expectation.
- **Minor Rotation:** Interns must complete three minor rotations of four-month duration. Twelve hours per week should be spent on minor rotation activities. These hours should include all face-to-face time in providing clinical services as well as non-face-to-face time associated with providing the services including charting, reading, and rotation specific didactics. A minimum of three hours per week of face-to-face clinical service is expected within the 12 hours of minor rotation. Time beyond the 12-hour commitment can be spent if the trainee chooses to do so but is not an expectation. At least one minor rotation must be in an area serving a patient age group (e.g. adult or child/adolescent) outside of the intern's emphasis/track area.

Supervision Summary

Each intern receives a minimum of 200 hours of supervision. Interns document supervision in their MedHub activity log throughout the year. Hours of supervision are reviewed at each evaluation interval as well as the end of the year. Interns receive a minimum of 4 hours of individual scheduled supervision per week, which is in the form of scheduled individual face-to-face supervision and scheduled individual supervision in clinical settings.

- **Primary Supervision:**
Interns must have a primary supervisor who provides supervision and mentorship throughout the training year. Interns choose a Primary Supervisor during the first few weeks of the Internship year. The Intern primarily makes this choice, but a list of possible Primary Supervisors can be found in the Internship Handbook each year. Interns are required to meet at least one hour per week in regularly scheduled face-to-face supervision with their primary supervisor; the Primary Supervisor must be a licensed health service psychologist working in the University of Oklahoma Health Campus and have a faculty appointment in the Department of Psychiatry and Behavioral Sciences. The Primary Supervisor is aware of all the activities of the Intern, and the Primary Supervisor serves as a mentor and advisor for the Intern during the course of the year. The choice of second and third rotation should be discussed with and approved by the Primary Supervisor.
- **Major Rotation:**
Interns must have a minimum of 1.5 hour per week of **individual, regularly scheduled face-to-face supervision** by their major rotation supervisor(s). Interns will commonly have multiple supervisors on a rotation and will document **individual, regularly scheduled face-to-face supervision** occurring with all supervisors in MedHub. Interns will also document other regularly scheduled supervision which may include co-treatment, co-assessment, group supervision, team meetings, interdisciplinary conferences or other supervision occurring on a regular basis.
- **Minor Rotation:**
Interns must have a minimum of 1.5 hour per week of individual, **regularly scheduled face-to-face supervision** by their minor rotation supervisor(s). Interns will commonly have multiple supervisors on a rotation and will document **individual, regularly scheduled face-to-face supervision** occurring with all supervisors in MedHub. Interns will also document other regularly scheduled supervision which may include co-therapy, co-assessment, group supervision, team meetings, interdisciplinary conferences or other supervision occurring on a regular basis.

The first hour of weekly supervision with major and minor rotation supervisors each are face to face individual supervision following a traditional model. The additional half hour of scheduled supervision with major and minor rotation supervisors is rotation specific. For example, interns on each rotation have scheduled regular supervision meetings pre- and/or post-patient care depending on the rotation. Interns rotating in Neuropsychology rotations meet with faculty for supervision prior to the planned assessment to staff the case, discuss etiology, discuss selection of a test battery, and prepare for the case. Interns rotating through the Child Clinical Psychology rotations have additional weekly scheduled individual supervision (and often additional group supervision) for each evidenced based program within their rotational experience. Interns rotating through Pediatric Psychology rotations have scheduled individual supervision with their rotation supervisor at the beginning of each clinic session. This can include case conceptualization for anticipated or completed consultations, disease/illness population specific psychoeducation, reflection on peer supervision, and/or review of completed interdisciplinary case consultation (e.g. team rounds).

	Individual Scheduled Face to Face Minimum Hours/Week	Scheduled Face to Face Supervision in Clinical Settings Minimum Hours/Week	Total Minimum Hours
Primary Supervisor	1 hour	N/A	1hour
Major Supervisor	1 hour	0.5 hours	1.5 hours
Minor Supervisor	1 hour	0.5 hours	1.5 hours
Total Hours			4 hours

Verification of Supervisory hours are regularly reviewed by the director of training by review of MedHub entries by trainees, reported hours of supervision by faculty on the Intern Progress Report, as well as hours of supervision reported by interns on supervisor evaluation reports.

The Primary Supervisor is responsible for writing a summary letter, cosigned by the Director of Training, which will be sent to the Intern's home university Director of Training at the end of the Internship year. This letter is a summary of the Intern's experiences and progress during the year. Primary Supervisors will represent the Intern at the Psychology Training Faculty (PTF) committee meetings, especially as Intern progress is being discussed and as rotation, selections are being chosen.

Should an Intern and a Primary Supervisor feel their working relationship is unproductive, they should discuss this with the Director of Training to discuss choosing an alternate Primary Supervisor.

Each clinical rotation assignment should have a designated clinical supervisor who is a member of the Training Faculty (i.e. PTF). A minimum of one supervisor should be specified as the rotation supervisor for each major and minor rotation. Although each rotation may have more than one supervisor, interns receive a minimum of 3 progress evaluations for each rotation period (i.e. Major rotation, Minor rotation and Primary Supervisor). Although interns may receive some supervision by individuals from other professions, all clinical hours logged must be supervised by a licensed Health Service Psychologist that is a member of the psychology training faculty.

Didactic Summary:

Interns are required to attend program wide didactics including Assessment Seminar, Psychotherapy Case Conference, Professional Development Seminar, Psychology and Individual Differences Seminar, Ethics and Law Seminar, Trainee Professional Presentations, Supervision Seminar, and a minimum of 36 hours of Interdisciplinary Grand Rounds Seminar chosen from the Department of Psychiatry and Behavioral Science or other departmental grand rounds. The Grand Rounds can be of the trainee's choosing as it is relevant to their training goals. Grand Rounds information can be found through Mediasite for previously recorded material (<https://egr.ouhsc.edu/>) or through the Irwin H. Brown Office of Continuing Professional Development (<https://ouhsc.cloud-cme.com/course/rsslisting?p=400&type=Regular>) for upcoming Grand Rounds. Live Grand Rounds are publicized weekly by the hosting Department and can be accessed via the Departmental website or by contacting the Department administration and requesting to be added to the Grand Rounds Distribution list.

Clinical Training Experiences Available

Adult Neuropsychological Assessment Laboratory

The Neuropsychological Assessment Laboratory is staffed by seven clinical neuropsychologists – five of whom hold Diplomate status in ABPP – four psychometricians, two neuropsychology residents and two neuropsychology interns. Practicum students also frequently work in the lab.

Interns assigned to the laboratory will gain experience administering, scoring, and interpreting neuropsychological tests. Interns are assigned two patients per week and typically test approximately 8 hours per week depending on battery length and supervisor. Most appointments in the neuropsychology outpatient clinic are 4-6 hours in duration, including about 1 hour of interviews, followed by testing. Face-to-face feedback with patients and family members is a regular occurrence. Patient populations include those with neuropsychiatric disorders, known and suspected dementias of various types, mild cognitive impairment, epilepsy, movement disorders, brain tumors, stroke, traumatic brain injury, multiple sclerosis, toxic exposure, metabolic encephalopathy, and other complex medical history.

We see referrals from neurology, neurosurgery, primary care, geriatric health, hematology/oncology, and transplant services. In addition to the clinical populations above, trainees have an opportunity to participate in pre- and post-surgical epilepsy, DBS, and transplant evaluations, attend Wada testing, and observe

neurosurgery. There are also opportunities for exposure to pediatric and forensic experiences for interested trainees.

Interns on this rotation are encouraged to attend neurology and neurosurgery rounds and teaching conferences. A particularly interesting weekly activity is the Neurology Morning Report in which neurological cases are presented. All interns on this rotation attend the weekly neuropsychological case conference and present cases at the conference several times a year. During this conference, participants present various neurologic disorders and individual cases in detail followed by discussion by faculty, interns, residents and others attending the conference.

Child Clinical Psychology

The child clinical psychology track offers experiences in clinical child assessment and therapy, with specific emphasis on opportunities related to child abuse and neglect. All interns, regardless of their formal track/emphasis area, can participate in child clinical psychology activities as part of a minor rotation. Interns within the Child Clinical Emphasis area may also participate in these activities as a major rotation. The training opportunities are described below.

With the guidance of their Primary Supervisors, the interns will make choices about their experiences due to time and scheduling constraints, building their own individualized training experience that can combine the various opportunities below. We expect all child interns to have experience in clinical child assessment and therapy, and child abuse and neglect. However, due to considerable flexibility, interns can easily meet these requirements through a variety of experiences.

Interns should be aware that some experiences require longer time commitments than others. Interns in the child clinical psychology track will work closely with faculty to develop a plan that meets their individual needs and interests and fulfills the requirements for a broad training experience in child clinical psychology. Thirteen licensed, doctoral level psychologists are available to provide consultation and supervision to interns. The child clinical psychology faculty are recognized leaders at state, national, and international levels. Interns may have the opportunity to co-author articles or chapters with members of the faculty and to co-present at state, regional, and national professional conferences.

The Child Clinical Psychology track is comprised of clinics that are part of the **Center on Child Abuse and Neglect (CCAN)** and the **Child Study Center (CSC)**. Most clinical activities take place at the Child Study Center. Of note, some clinical activities within the Treatment Program for Children with Problematic Sexual Behavior School Age are held at the nearby Children's Advocacy Center, The Care Center.

Center on Child Abuse and Neglect

The Center on Child Abuse and Neglect (CCAN) provides national leadership in the prevention and treatment of child abuse and neglect through exemplary research, clinical care, interdisciplinary education and training of professionals, administrative services, and program development. In addition to Licensed Psychologists, interns may have the opportunity to collaborate with Developmental and Quantitative Psychologists within CCAN.

Child Study Center

The Child Study Center (CSC) provides broad child clinical psychology experiences in assessment and therapy with children of diverse cultural/racial backgrounds. Faculty and staff include a range of disciplines, including clinical and school psychology, developmental pediatricians, social work, occupational therapy, and speech/language pathology. The patient population ranges in age from birth through older adolescence. Common presenting problems include behavior disorders, trauma- and stressor-related disorders, anxiety and mood disorders, learning disabilities, attention deficit/hyperactivity

disorder, autism spectrum disorder and other pervasive developmental disorders, and neurological disorders.

The mission of the CCAN and CSC is to maximize the development and well-being of children by strengthening the child, family, and community through interdisciplinary care, advancement of evidence-based practices, professional education, advocacy, and research. The clinics primarily provide care for underserved or low-resourced families. Additionally, the clinics serve families from the entire state, encompassing both urban and rural areas. Children of all racial and ethnic backgrounds are seen at the Child Study Center. Notably, Oklahoma has one of the largest American Indian populations in the United States. American Indian children comprise a large ethnic minority group of children in Oklahoma and represent a portion of the CSC patient population. Interns have the opportunity to interview, evaluate, and consult with families and children from the more than 39 Federally Recognized Tribes across the state.

Theoretical orientations of the supervisors include a combination of behavioral, cognitive-behavioral, family systems, and developmental approaches. Services are research-based. Training facilities include use of recording and/or one-way observation windows for teaching purposes. Supervision is an integral part of the program and involves direct or recorded observations of treatment, co-therapy with supervisors or staff therapists, and frequent individual and group supervision sessions to facilitate the intern's growth and competence in working with children and families. Child Clinical Psychology faculty members place special emphasis on understanding and integrating information regarding the effects of developmental disabilities on the therapy process with children. Below are the rotations and clinical opportunities offered through the child clinical psychology track.

Child Trauma Services Program (CTSP)

Interns receive training and gain experience in the assessment and treatment of children 3-18 years old affected by child maltreatment and other traumas. The trainee will work with their CTSP Supervisor to select CTSP activities that fit the trainee's experience level and clinical interest. The primary treatment models are Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) and Parent Child Interaction Therapy (PCIT). Several faculty and staff have specialized expertise in EBTs for childhood trauma, including three national TF-CBT trainers and Consultants/Supervisors, and Within Agency PCIT trainers. The Child Trauma Services program is responsible for implementation of the statewide Oklahoma TF-CBT training program (www.oklahomatfcbt.org).

This provides interns with the opportunity for participation in Introductory and Advanced TF-CBT training and to gain experience in TF-CBT model dissemination activities, if interested. Supervision is provided in both group and individual formats, as well as co-therapy and review of session recordings. Training opportunities are listed below.

- Develop an understanding of the mental health and system support needs of youth and families exposed to trauma.
- Conduct intake assessments using semi-structured interviews, standardized measures of PTS, anxiety, depression and behavioral difficulties.
- Learn and apply culturally congruent engagement strategies from first contact through the course of treatment.
- Formal training in TF-CBT aligned with national certification standards.
- Conduct a manualized group implementation of the first phase of TF-CBT for youth ages 5 – 18 and their caregivers.
- Complete individual, family-based treatment for youth and families.

Problematic Sexual Behavior-Cognitive Behavioral Therapy for Adolescents (PSB-CBT-A)

Problematic Sexual Behavior - Cognitive Behavior Therapy for Adolescents (PSB-CBT-A) is a research-

supported treatment for juvenile justice involved teens who have engaged in problematic and/or illegal sexual behavior and their primary caregivers. PSB-CBT-A encompasses 12 modules focused on psychoeducation and skill-building as well as accountability and restitution for problematic sexual behavior. This manualized curriculum is delivered in varied formats including in-person group, virtual group and family therapy. Through PSB-CBT-A participation, youth learn state sex laws, developmentally appropriate sexual health information, and skills for engaging in advanced coping, problem-solving, and interpersonal communication to support healthy sexual and non-sexual decision-making. Caregivers learn strategies for developmentally appropriate parenting of adolescents, including skills for monitoring and managing youth relationships and academic progress, methods to enhance caregiver-teen communication about sex and sexuality, and supporting family healing after youth problematic sexual behavior. When recommended, supplemental individual services may be provided to teens that include, but are not limited to, Trauma-Focused CBT for youth with posttraumatic stress, CBT for depression and anxiety, social skills development, and caregiver-teen relationship enhancement.

Trainees will work with their PSB-CBT-A Supervisor to select activities that fit the trainee's clinical interest and training goals. Trainees can participate in intake assessments (semi-structured clinical interviews and administration of psychological measures to determine treatment recommendations), group treatment as co-therapists, and family treatment (in co-therapist or individual therapist format). Given the systems involvement of the youth and families, trainees will have opportunities to collaborate with court and juvenile justice professionals, participate in family team meetings, provide youth and family advocacy in juvenile justice/academic/child welfare systems, and engage in family safety planning and reunification when appropriate.

During this experience, training in PSB-CBT-A will be provided by national trainers; therefore, no prior experience is required. Trainees receive individual supervision with a Licensed Psychologist and weekly group supervision. Trainees participate in pre- and post-group team meetings, which include both clinical preparation and experiential supervision to support professional well-being.

Treatment Program for School Age Children with Problematic Sexual Behavior

This clinic provides manualized evidenced based treatment to school-age children (ages 7 to 12) who exhibit problematic sexual behavior. The treatment model, Cognitive-Behavioral Therapy for Problematic Sexual Behavior (PSB-CBT), uses concurrent groups for youth and their caregivers. The program also serves youth ages 13 and 14 with an adaptation manual.

The underlying approach is strengths-based, focusing on the youth as children first with capacity to learn and implement appropriate behavior, make safe decisions, and develop healthy relationships. Using cognitive-behavioral approaches, the youth are taught rules about sexual behavior and specific skills of coping, self-control, and decision-making. Core treatment components with caregivers' address managing child behavior, supporting healthy development, sex education, abuse prevention, and rules about sexual behavior. Trainees may participate in the intakes, groups, or both. There are also opportunities to see PSB-CBT family therapy cases if interns choose to do more than one rotation.

Treatment Program for Children with Problematic Sexual Behavior Preschool

The PSB-CBT-Preschool program is a 13-week group treatment that includes concurrent groups for preschool-aged children and their caregivers. The program teaches children about private part rules, relaxation strategies, coping strategies, and problem-solving skills. Caregivers are taught about normal and problematic sexual behavior of children and strategies to prevent and manage problematic sexual behavior, as well as other behavior problems. Family therapy cases may also be available. Trainees may participate in the intakes, groups, family treatment, or any combination of those. See www.NCSBY.org

for more information on this population and <https://psbcbt.ouhsc.edu/> for more information on the PSB-CBT training program.

Interdisciplinary Training Program in Child Abuse and Neglect (ITP)

The ITP is designed to provide advanced academic and clinical training in child abuse and neglect. Academic credit is available on request. Established in 1987, ITP provides specialized training in clinical practice, prevention, policy formation, child advocacy, research, and administration in the field of child abuse and neglect. The ITP is two-semester interdisciplinary training for advanced students in medicine, dentistry, psychology, law, social work, education, public health, nursing, and related disciplines. To date, approximately 500 students have completed the training program. The goal of the program is to train professionals to become leaders in the field of child abuse and neglect in clinical practice, research, administration, and prevention.

A Better Chance Clinic

A Better Chance (ABC) is dedicated to infants and children with prenatal substance exposure. Children often have difficulties with attention, concentration, impulse control, and a high level of activity. The children are at increased risk for developmental, learning, and behavioral problems. As the behaviors may be stressful and unrewarding to the caregivers, this population is at increased risk for failed placements, attachment problems, and abuse and neglect.

The ABC clinic at the Child Study Center provides longitudinal comprehensive evaluations of infants and children with prenatal substance exposure from age 3 to 10 years. Trainees in the clinic will work as part of an interdisciplinary assessment team including medical staff, speech-language pathologists, and occupational therapists. Trainees will learn to administer and interpret measures of cognitive, academic, and language functioning, including the WPPSI-IV, WISC-V, WIAT-4, and the Preschool Language Scale-V. Further, screening measures for trauma, autism, and other issues will be administered on an as needed basis. As part of the ABC evaluation, students will be involved in all aspects of the assessment including a structured interview, administration of tests, scoring and interpretation. Further, providing assessment feedback, psycho-education, and case management are also a part of the trainees' duties.

ABC clinical supervision includes direct observation of assessment skills and interpretation, individual or group case discussion and weekly feedback on report writing and management of challenging family/child. NO prior experience with young children is required.

Child Psychology Assessment Clinic

This clinic provides interns training in conducting comprehensive psychological evaluations, including report writing and feedback. This clinic serves children and adolescents between the ages of 5-18 years who are referred for psychological testing to assist in diagnosis, treatment planning, and educational planning. The types of evaluations vary, but typically include concerns about emotional and behavioral disorders, ADHD, learning disorders, autism spectrum disorder, and occasionally other forms of more severe psychopathology.

Infant and Early Childhood Mental Health Clinic (IECMH)

This is a sponsored program by the Department of Mental Health and Substance Abuse Services. IECMH program is for young children ages zero to six who have experienced an early adversity. We provide developmental evaluations for all families referred. Trainees will learn to administer and interpret measures including the WPPSI-IV and depending on the length of involvement in the program, the Bayley Scale of Infant and Toddler Development-III. Further, screening measures for trauma, autism, and other issues will be administered on an as needed basis. All families participate in an in-depth clinical interview as well as a formal parent-child observation. Trainees are involved in all aspects of the assessment including a structured interview, administration of tests, scoring and interpretation. Further, providing assessment

feedback, psycho-education, and case management are also a part of the trainees' duties. The program implements several evidenced based treatments. Interns can pick up PCIT cases (if trained) and observe a staff therapist leading the Circle of Security Parenting Program.

JumpStart Autism Evaluation Clinic

The JumpStart Autism/Developmental Clinic provides interdisciplinary evaluations for autism spectrum disorder (ASD) and developmental concerns. With an emphasis on early evaluation and intervention, the JumpStart interdisciplinary team primarily evaluates children age six and under. Given the specialized nature of this interdisciplinary team approach, referrals are received frequently from across the state of Oklahoma and surrounding areas, and children referred may have coinciding medical concerns. Trainees at the JumpStart Clinic will work as part of an interdisciplinary evaluation team including developmental-behavioral pediatricians and medical fellows, child psychologists, an occupational therapist, and a family partner.

Trainees learn to administer and interpret measures of developmental, cognitive, and adaptive functioning, including the Bayley Scales of Infant and Toddler Development, Fourth Edition, the Wechsler Preschool and Primary Scales of Intelligence, Fourth Edition, and the Vineland Adaptive Behavior Scales, Third Edition. They will also participate in the administration of the Autism Diagnostic Observation Schedule (ADOS-2). Further, screening measures for trauma, disruptive behavior, and other issues will be administered on an as-needed basis. As part of the JumpStart evaluation, students will be involved in all aspects of the interdisciplinary teaming process, including a structured interview, test administration, scoring and interpretation, and writing of results and treatment recommendations. Trainees will also participate in family-centered assessment feedback, psycho-education, and case management as appropriate.

Parent Child Interaction Therapy (PCIT)

Parent-Child Interaction Therapy (PCIT) is an evidence-based, short-term, behavior management training program for young children (2:0-6:11 years) with externalizing behavior challenges and their caregivers. While originally designed to treat disruptive behavior disorders, PCIT has been applied with empirical success across a range of diagnoses and populations to improve behavior regulation and effective parenting strategies. All predoctoral interns and postdoctoral residents interested in PCIT are encouraged to participate in the program. If interested, it is possible for a trainee to complete the requirements to become a certified PCIT therapist recognized by PCIT International by the end of the training year.

Occasionally, trainees are already certified in PCIT or arrive with extensive previous experience in PCIT. If this is the case, you are encouraged to meet with the PCIT-OK training team to design an individual training experience, or to see if we recommend you participate in what we call "seminar."

Seminar is designed for trainees new to PCIT or with limited PCIT experience. All trainees are eligible to participate, including graduate-level practicum students, postdoctoral residents, and predoctoral interns, even if the Intern is not on rotation at the Child Study Center during the course of seminar. Typically, major rotations have allowed interested interns the time needed to participate. The seminar is a combination of didactic and clinical service. Trainees will learn PCIT theory and skills in several initial weeks of didactics and skills sessions. They will then observe one case in teams of 3-4 trainees with live supervision provided by PCIT-certified trainers. Seminar continues until cases graduate, generally up to January or February. All clinical work and supervision will be conducted during the scheduled seminar time. Some reading, preparation, and documentation will be expected outside of seminar hours.

For those who wish to pursue certification, it is required to provide PCIT beyond seminar by completing two or more PCIT cases in addition to the one observed through seminar. Cases can be conducted in co-therapy with a fellow seminar participant, co-therapy with a DBP PCIT provider, or independently. All cases will be supervised by a PCIT-certified trainer.

Additional Child Clinical Psychology Training Opportunities

Professional Issues in Child Maltreatment (PICM)

PICM is a monthly meeting that balances scheduled presentations/didactics and more informal discussions among faculty, staff, postdoctoral residents, pre-doctoral interns, and practicum students. The objectives of the training are to increase a sense of community and connectedness among faculty and trainees at CCAN and CSC, as well as to address professional development issues specific to the field of child maltreatment. Topics include ethical implications of working with children impacted by maltreatment, adoption competency, and influence of electronics on youth, and caregiver engagement among others.

The Oklahoma Conference on Child Abuse and Neglect

This is an annual, three-day conference organized through CCAN in which state and national experts provide training in issues related to child maltreatment. This is an interdisciplinary conference with workshops on psychological, medical, legal, social work, and advocacy issues. Interns may attend the conference at no charge.

National Symposium on Sexual Behavior of Youth

This bi-annual conference is organized through the National Center on the Sexual Behavior of Youth (NCSBY) in which national and state experts provide presentations on topics related to sexual behavior of youth. Interns may choose to attend the conference for free.

Research Opportunities in Child Clinical Psychology

Research is one of the core missions of CCAN and CSC. There are a variety of active, productive clinical research programs. Faculty are national leaders in research on developmental pediatrics, particularly in child abuse and neglect, trauma, autism, and ADHD. The research agenda addresses the scientific understanding of disabilities and trauma, impacts of child health and well-being, as well as the development, refinement, and widespread implementation of evidence-based prevention and treatment practices. Studies actively recruit families across Oklahoma to identify vulnerability and protective factors and improve coordination of care. Interns can be involved in research based on their goals and interests, including involvement in treatment outcome studies. Opportunities in larger-scale projects may be available for interns who have defended their dissertation.

Ongoing research projects include:

- Dissemination and implementation of evidence-based interventions and prevention programs (PCIT, PSB-CBT, TF-CBT).
- Cultural adaptations of evidence-based treatments
- Prevention of child maltreatment in high-risk families
- Children with problematic sexual behavior
- Clinical interventions for children who experienced trauma and maltreatment

Pediatric Psychology and Integrated Behavioral Health

The pediatric psychology emphasis offers a variety of experiences in areas of primary and specialty care. Interns may provide inpatient and outpatient services during their training and receive supervision in working with children with chronic or acute medical conditions and their families.

All rotations involve participation with multidisciplinary teams to provide comprehensive health services to families served by OU Health outpatient clinics and Oklahoma Children's Hospital. Interns are encouraged to interact with all members of the team, including attending physicians, social workers, nurses,

clinical research associates, administrative staff, medical students, residents, and fellows. Liaison with other agencies, such as mental health providers, schools, and childcare providers may be necessary at times. Interventions provided will be based on evidence-based practice parameters whenever feasible.

Pediatric Primary Care Services

Training opportunities are available across two pediatric primary care clinics.

Sooner Pediatrics Clinic

The Sooner Pediatrics Clinic offers comprehensive primary care services for children and adolescents, including well checkups, sick visits, sports physicals, and management of chronic conditions. Trainees participating in this rotation will conduct brief screenings and assessments, diagnostic interviews, and provide ongoing therapeutic support. This rotation emphasizes collaboration and care coordination with our multidisciplinary team. Common presentations include ADHD, behavioral management/parenting issues, depression, anxiety, pain management, sleep disturbances, and toileting concerns. Interventions will be grounded in evidence-based practices, and interns will receive training within an integrated model of primary care psychology.

Super Niño's Clinic

This primary care clinic in south Oklahoma City provides services to children and adolescents from primarily Spanish-speaking families. Interns will have the opportunity to develop knowledge and skill for using screening, brief assessment and interventions in an integrated health care setting. Common presentations include ADHD, oppositional behavior, internalizing symptoms, acute and chronic health conditions, school difficulties and family conflict. Super Niños Clinic serves children from birth to 18-years-old. ***Spanish proficiency is required for a rotation at this clinic.***

Pediatric Specialty Services

Pediatric Assessment Clinic

This rotation includes training in assessment, scoring, report writing, and feedback for patients seeking a psychological evaluation to assist the medical team in diagnostic impressions and treatment planning/implementation. The Sooner Pediatrics Clinic provides primary care services to children and adolescents. Common presentations include ADHD, behavioral management/parenting difficulties, and psychological factors impacting medical conditions. Interns on this rotation provide services including diagnostic interviews, as well as conducting intelligence, achievement, and behavioral assessments. Behavioral Assessments will consist primarily of the use of self and parent report measures with patients and their families. Additionally, the assessment experience will include the integration of information obtained from other healthcare providers (physicians, nursing, social work, physical & occupational therapy, dietitians, etc.) and collateral reporters (teachers, school personnel) for case conceptualization and the development of treatment recommendations. Interns on this rotation also participate in providing feedback of testing results, diagnoses, and treatment recommendations to patients and their caregivers.

Pediatric Diabetes & Endocrinology Clinic

The Pediatric Diabetes & Endocrinology psychology service provides consultation and ongoing follow-up services for patients with diabetes and endocrine-related disorders. This service is predominately based in an outpatient specialty clinic, but opportunities to provide inpatient services are available based on trainee interest. Additionally, training opportunities are available within three subspecialty clinics that provide comprehensive, multidisciplinary care for youth with Type 2 diabetes, Turner Syndrome, and Differences of Sexual Development. During the Diabetes & Endocrinology rotation, trainees can expect to work with children, teens, and young adults with Type 1 and Type 2 diabetes as well as with their caregivers.

Trainees are also likely to gain exposure to pediatric patients with a wide range of endocrine disorders, including but not limited to hypothyroidism, Turner Syndrome, and differences in sexual development. This rotation provides frequent opportunities to utilize brief cognitive behavioral interventions and motivational interviewing skills to address diabetes management concerns with both patients and family members. Trainees will obtain experience implementing brief consultation and intervention with pediatric patients and their families. Intervention experience will be provided in numerous areas, including, but not limited to, health management behaviors, adjustment to diagnosis, procedural anxiety, behavior management, emotional problems, school accommodations, and sleep difficulties.

Pediatric Hematology/Oncology Service

This rotation provides interns with opportunities to participate in psychological services at the Jimmy Everest Center for Pediatric Cancer and Blood Disorders. A primary focus for interns is on interdisciplinary work within comprehensive clinics (i.e., brain tumor/neurocutaneous syndromes clinics, sickle cell clinic, bleeding disorders clinic, cancer and bone marrow transplant survivorship clinic). Comprehensive clinics involve disease-specific diagnostic interviews, screeners, and brief interventions, particularly Motivational Interviewing. Additionally, interns have opportunities to be a part of providing ongoing psychological services on the inpatient unit and outpatient clinic for families experiencing pediatric cancer or blood disorders. There are some assessment opportunities, such as testing for research protocols and pre-transplant evaluations.

Pediatric Multi-Disciplinary Weight Management Clinic – Healthy Futures

Pediatric psychology trainees will participate in the multidisciplinary obesity clinic, which focuses on families making healthy lifestyle choices to improve the overall health of the pediatric patient. This rotation involves providing direct clinical care to pediatric patients/families in a multidisciplinary pediatric obesity clinic. There may also be telehealth opportunities available on a case-by-case basis. When patients initially present to clinic, psychology conducts a diagnostic interview as well as self and parent report BASC and PedsQL.

If there are co-morbid mental health issues, patients/families are referred for traditional mental health services. During all follow-up visits within the context of the obesity clinic, psychology focuses on assisting the patient and family in meeting their dietary, physical activity, and sleep goals. Trainees have frequent opportunities to utilize motivational interviewing skills during this rotation with both patients and family members. Communication with the multidisciplinary team and timely intervention and documentation are required from all trainees.

Pediatric Nephrology

This minor rotation experience will include training in the assessment, support, and treatment of pediatric patients and their families affected by chronic or acute nephrology-related conditions. The rotation will primarily focus on clinical service. The trainee will be provided training in the initial assessment and ongoing intervention with children being seen in Nephrology outpatient clinics. This rotation will involve working with pediatric patients and their families in both the inpatient and outpatient setting, and both pre- and post-transplantation. The trainee's inpatient clinical work will focus primarily on participation in the multidisciplinary pediatric surgical and specialist service provision immediately prior to and after transplant surgery, and when medical crises occur in this patient population. Outpatient clinical work will primarily occur through the specialty clinics and pediatric dialysis unit. The trainee will be responsible for provision of these services under close supervision and may also carry a caseload of pediatric transplant patients.

Disordered Eating Program

Psychology trainees will participate in a multidisciplinary disordered eating program providing comprehensive assessment and treatment for adolescents and young adults with a range of eating disorder diagnoses including anorexia nervosa (AN), bulimia nervosa (BN), other specified feeding and eating

disorders (OSFED), and avoidant/restrictive food intake disorder (ARFID). This rotation offers exposure to specialized eating disorder treatment across multiple levels of care including inpatient, intensive outpatient (IOP), and outpatient services within an academic medical center.

Trainees work closely with a multidisciplinary team that includes psychologists, therapists, physicians, dietitians, nurses, and other health professionals. Clinical experiences may include diagnostic evaluations, risk assessments, treatment planning, individual and family-based therapy, meal support, group therapy, and ongoing symptom monitoring using standardized assessments. Interns will have opportunities to utilize evidence-based treatments including Family-Based Treatment (FBT; Maudsley Approach), Exposure and Response Prevention (ERP), Cognitive Behavioral Therapy (CBT), and Dialectical Behavioral Therapy (DBT) to address eating disorder symptoms

Other Pediatric Psychology Activities

Research Opportunities in Pediatric Psychology

Injury prevention in children and adolescents with hemophilia. Psychoeducational concerns among children and adolescents with sickle cell disease. Post-partum depression in mothers of infants in the NICU. Early screening in children with sickle cell disease. Pharmaceutical clinical trials.

Program Wide Didactics and Seminars

The internship offers seminar series for each of the nine Profession Wide Competencies, I. Research, II. Ethical and Legal Standards, III. Individual and Cultural Diversity, IV. Professional Values and Attitudes, V. Communication and Interpersonal Skills, VI. Assessment, VII. Intervention, VIII. Supervision, and IX. Consultation and Interprofessional/Interdisciplinary skills. Additionally, psychology interns may attend other rotation specific didactic experiences.

I. Research – Brown Bag Research Series and Research Writing Group Meetings

The Brown Bag Research Series and Research Writing Group meetings provide opportunities for faculty and trainees to learn about ongoing behavioral health-focused research at the University of Oklahoma, facilitate research collaboration between faculty in the Department of Psychiatry and Behavioral Sciences and investigators across the OU campuses, and provide research training opportunities for trainees.

II. Ethics and Legal Standards – Ethics and Law Seminar

The Ethics and Law Seminar is held in conjunction with the Postdoctoral Residents and covers ethical and legal issues in Psychology that are critical in the delivery of healthcare services. The aim is to help Interns and Postdoctoral Residents develop awareness and knowledge of potential ethical and legal complexities in providing psychological service.

III. Individual and Cultural Diversity - Psychology and Individual Difference Seminar

The Psychology and Individual Difference Seminar is held in conjunction with the Postdoctoral Residents and covers issues of diversity and culture in Psychology that are critical in the delivery of healthcare services. The aim is to help trainees develop awareness and sensitivity while embracing cultural differences throughout the healthcare system to help with communication and understanding while providing psychological services.

IV. Professional Values and Attitudes - Professional Development Seminar

The Professional Development Seminar is held in conjunction with the Postdoctoral Residents and covers professional issues in Psychology as well as other topics that are critical in the delivery of healthcare services. Some example topics include obtaining licensure, resume building, job applications, and many other topics important to the professional development as a psychologist.

V. Communication and Interpersonal Skills – Trainee Professional Presentation Seminar

Trainees are required to complete one presentation on any one area (i.e. Professional Development, Ethics, or Culture and Diversity) that most interests them. This is an opportunity for trainees to learn from one another, as well as continue their development for professional speaking, whether with cross-discipline interactions, colleagues, or in public.

VI. Assessment - Intern Assessment Seminar

The Intern Assessment Seminar focuses on the general area of clinical assessment. A number of sessions focus on general topics in assessment and assessment in specific populations. The purpose of this seminar is to increase interns' knowledge of the assessment process and application in a variety of clinical populations.

VII. Intervention - Psychotherapy Case Conference

The focus of Psychotherapy Case Conference is practice based within two major areas of focus. The first area includes presentations by faculty members of psychotherapy cases with evidenced based approaches they use in the treatment of certain populations. The second area involves case presentations by each of the interns. During case presentations, other interns and the faculty present discuss the case being presented. The goal is to give interns experience doing professional level case write-ups and presentations. Interns that are not presenting, have the opportunity to develop their skills as case discussants.

VIII. Supervision - Supervision Seminar

The Supervision Seminar is held in conjunction with the postdoctoral residents. This seminar provides an avenue to discuss and develop supervision skills and competencies. Trainees develop an understanding of theoretical models of supervision, as well as reflect on and identify their unique professional development goals, theoretical orientation, and approach to supervision. Trainees also become familiar with the "Guidelines for Clinical Supervision in Health Service Psychology, APA Core Competencies for Clinical Supervision." <http://apaoutside.apa.org/EducCSS/Public/>.

IX. Consultation and Interdisciplinary Skills - The Department of Psychiatry Behavioral Medicine Grand Rounds

The Psychiatry and Behavioral Medicine Grand Rounds includes presentations of clinical case studies, research, and current issues in psychiatry and the behavioral sciences. Departmental faculty and staff, as well as faculty from other Health Sciences Center departments and visiting professors from throughout the country, present in this series.

Evaluation Policies and Procedures

At the beginning of the internship year, each intern's past academic training, experience, and skills are examined by the supervising faculty. The rotation and primary supervisors confer with the intern to evaluate the intern's basic skills and professional aspirations. The information gained is then used in planning the interns' training experiences. As stated earlier, the intern's choices are given significant importance in rotation selection; however, other factors such as funding source, other interns' preferences, and limitations on the number of interns on any given rotation are considered. The intern's rotation supervisors, and others who have professional contact with the intern, evaluate the intern's performance on each rotation. Feedback regarding each evaluation is provided to the intern. In addition, interns will receive feedback on their training progress in the form of an Interns Progress Evaluation form and feedback from their Primary Supervisor regarding performance discussions at the Psychology Training Faculty meeting monthly. Interns are required to complete evaluations three times a year, which will include an evaluation of their supervisor(s) and the Rotations they work on.

Psychology Training Faculty (PTF)

Although the internship director has overall responsibility for the internship program, input from the Psychology Training Faculty is critical. The PTF is attended by all of the psychologists who have training roles with interns. The faculty meet monthly, usually on the fourth Tuesday of the month. The interns are

welcome to attend these meetings and are asked to attend at least one PTF meeting to expose them to administrative structure of the training program.