University of Washington
School of Medicine
Psychology Internship Program
2019-2020

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

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

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

The University of Washington Psychology Internship utilizes a scientist-practitioner training model, and we offer both "generalist" and “specialized”
training program. Our generalist training emphasis in either adult, child psychology, and behavioral medicine. Our specialist training focuses on rehabilitation neuropsychology or integrated primary care. Training sites include medical and psychiatric inpatient and outpatient settings.

The internship program offers:

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

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

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

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

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

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

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

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

**Accreditation**

The University of Washington's predoctoral internship program is accredited by the American Psychological Association (APA). (The APA Office of Program Consultation and Accreditation can be reached at 750 First Street NE, Washington, D.C. 20002-4242 or by phone: 202-336-5979). Our internship program provides intensive training in psychology under the auspices of the University's School of Medicine. The program involves three medical centers: The University of Washington Medical Center, Harborview Medical Center, and Seattle Children's Hospital and their affiliated programs and clinics. Administrative oversight for the internship program is provided by the Department of Psychiatry and Behavioral Sciences.

**Program Description**

**Orientation and Rotation Selection**

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

Major rotations are typically offered on a continuing basis although changes in rotation availability based on funding are possible.

**Organization of the Training Track System**

The internship training program offers five tracks:

1. General Adult Psychology
2. General Child Psychology
3. Behavioral Medicine
4. Rehabilitation Neuropsychology
5. Integrated Primary Care

Rotations are primarily located at the University of Washington Medical Center (UWMC), Harborview Medical Center (HMC), Seattle Children's Hospital (SCH), and UW Neighborhood Northgate Clinic.
Outline of the Training Tracks:

1) General Adult Psychology.  (APPIC/NMS program code = 161913)

   Track Coordinator: Michele Bedard-Gilligan, PhD – mab29@uw.edu

   (1) Inpatient Psychiatry
   (2) Outpatient Psychiatry Center
   (3) Consultation-Liaison Service

   This track is designed to allow residents to experience broad-based psychological work with adults including assessment and intervention with medical and psychiatric patients on both an inpatient and outpatient basis. The clinical rotations are listed above.

2) General Child Psychology.  (APPIC/NMS program code = 161912)

   Track Coordinator: Jesse Bledsoe, PhD – jesse.bledsoe@seattlechildrens.org

   A) Seattle Children's Hospital (SCH)

   (1) Psychiatry and Behavioral Medicine Unit (PBMU)
   (2) Neuropsychological Consultation Service
   (3) Consultation/Liaison
   (4) Child and Adolescent Outpatient Psychiatry Program

   The child track placements are at Seattle Children's Hospital. The overall goal of this track is to provide a resident with experiences of broad-based psychological work with children and families including assessment and intervention, short and longer term intervention, work with inpatients and outpatients, medical and psychiatric patients. Attention is paid to the integration of science and practice. Each resident will participate in the four core rotations; Psychiatry and Behavioral Medicine Unit (PBMU), Consultation/Liaison (C/L), Neuropsychological Consultation Service (NP), and Child and Adolescent Outpatient Psychiatry.
3) Behavioral Medicine
(APPIC/NMS program code =161914)

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

A) University of Washington Medical Center

B) Harborview Medical Center

(1) Rehabilitation Psychology

(a) Inpatient Consultation Liaison Service, Burn Unit & Pediatrics Service
(b) HMC Inpatient Rehabilitation
(c) The Madison Clinic
(d) HMC Outpatient Burn Clinic
(e) HMC Outpatient Pediatrics Clinic
(i) HMC Comprehensive Outpatient Rehabilitation Program (CORP)

Behavioral Medicine Track applicants, please note:

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

4) Rehabilitation Neuropsychology
(APPIC/NMS program code =161915)

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

A) University of Washington Medical Center Dept. of Rehabilitation Medicine

B) Harborview Medical Center

(1) HMC Inpatient Rehabilitation
(2) HMC Comprehensive Outpatient Rehabilitation Program (CORP)
C) Harborview Medical Center *(no specific neuropsychology emphasis)*

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

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

5) Integrated Primary Care  
**(APPIC/NMS program code =161911)**

*Track Coordinator: Kari Stephens, PhD* -  kstephen@uw.edu

A) UW Neighborhood Northgate Clinic

The University of Washington Family Medicine Residency trains physicians in full-spectrum care, scholarship and leadership, using innovative educational and clinical designs to serve patients, families and diverse communities. Members of the Residency Faculty are deeply involved in resident education, and nearly all physician faculty in the Family Medicine Department participate in resident education by precepting in one of the two Family Medical Centers (FMCs) and attending with the residents on the Family Medicine inpatient service at the University of Washington Medical Center. The larger of the two
FMCs is the University of Washington Neighborhood Clinic Northgate FMC, located about 6 miles north of the UW main campus. The satellite FMC is Harborview Family Medicine, located about 9 miles south of the UW main campus. Patients reflect a wide spectrum of culturally and ethnically diverse populations, with the Harborview location serving a broad group of underserved patients and families including those struggling with homelessness, substance use and abuse, mental health disorders, and refugees.

### Program Evaluation and Supervision

At the beginning of each rotation, the psychology resident completes a self-assessment of his/her experience relative to the rotation learning objectives to focus the resident and the supervisor on the resident's needs. The self-assessment helps the supervisor try to tailor the resident’s experience on each rotation to be planned and graduated to fit the resident’s training needs. Progress will be monitored throughout the rotation. At the end of each rotation, the supervisor fills out an evaluation on the resident similar to the resident's self-assessment form. The psychology resident completes an evaluation of each supervisor and an evaluation of their experience at each rotation site. All evaluations are sent to the internship office. Copies of the resident evaluations are sent to the resident and their mentor. Copies of the resident evaluations of the supervisors are sent to the supervisor. Copies of the rotation evaluations are sent to the rotation coordinator and the track coordinator. All evaluations are reviewed by the director of the internship program before copies are sent out. The resident evaluations are summarized at the end of the year in a letter by the resident's mentor, to their graduate training program, to communicate our assessment of the resident’s progress during the year.

Each resident receives at least four hours of supervision each week, at least half of which is individual supervision. Many rotations also offer additional structured learning opportunities such as case conferences, interdisciplinary conferences, opportunities to observe faculty interviews or ongoing treatment with patients, and so forth.

### Lectures and Seminars

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

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

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

**Theoretical Orientation**

Overall, the faculty psychologists use empirically supported assessment and treatment, with most frequently a cognitive-behavioral orientation. Most of our psychiatrists who provide adjunct supervision on many inpatient and C/L rotations have a more biological orientation. Interpersonal and psychodynamically oriented supervision also is available.
Additional Internship Opportunities

1) Research

Psychology residents may apply to participate in a year-long program and seminar on research skills and grantsmanship training (referred to as the Grantsmanship Seminar). The application process is largely for the purpose of ensuring that the resident (1) has clear, achievable goals for their research time, (2) has a plan for mentoring that will help them achieve those goals, (3) is willing to work on writing a grant proposal and discuss it in the seminar, and (4) that writing a grant will not interfere with completing any remaining dissertation-related responsibilities. The vast majority of those who apply are allowed to participate. Participation in this activity includes the provision of 6 hours per week of release time from clinical rotations to participate in a seminar devoted to teaching skills needed for developing and writing grants, as well as related professional development skills (e.g., writing research/teaching statements, how to negotiate salary and start up packages), and to pursue development of a grant proposal or research project under the mentorship of an internship faculty member. Participation in the program is most appropriate for those residents who have either completed or are in the latter stages of their dissertation research, are interested in research areas that can be mentored by faculty members of the internship and are looking towards career choices in which grant writing skills will be needed. Residents are not required to participate.

Psychology residents not participating in the grantsmanship seminar program may apply for one half-day (4 hours) of release time, per week for research (including dissertation research) with an internship training faculty supervisor.

2) Committee Membership

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

Co-Chairs: Georganna Sedlar, PhD, Maria Monroe DeVita, PhD

Functions: To review, revise, organize and plan didactic modules for the following internship class. This committee typically meets in the spring.

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

B) Diversity Advancement Committee

Co-Chairs: Ty Lostutter, PhD and Tiara Dillworth, PhD

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

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

C) Professional Development Committee

Chair: Michelle Accardi-Ravid, PhD.
Co-Chairs: Pat Areán, PhD, David Breiger, PhD, Dawn Ehde, PhD

Functions: To provide guidance, information, and support to the residents during the internship year. Example activities include: a Postdoctoral Panel, Career Fair, opportunities to practice job talks or interviewing, feedback on CV's or cover letters, and discussion about licensure or board certification.
Resident Participation: At least two residents serve on the committee each year, ideally, at least one resident from each track. They provide a crucial link to the resident class. The resident representatives can play a very active role in shaping the focus of the committee’s work for the year.

D) Steering Committee

Chair: Ty Lostutter, PhD
Co-Chair: Charles Bombardier, PhD, ABPP

Functions: To assist in the administration, planning, organizing, and functioning of the overall internship training program.

Resident Participation: Each of three residents serves on the committee for four months; which meets once every two months. Residents work with other residents, track coordinators, faculty members, and psychologists in the local community in overseeing the administrative functioning of the internship training program.

3) Post-Internship Opportunities

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

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

The salary for our psychology resident cohort for the 2019-2020 training year will be $33,280 plus benefits (includes medical, dental, and life insurance). Psychology residents receive eleven days of vacation, five days of professional leave, and accrue one day of sick leave per month. Because residents are here, for one year only, they are not eligible for leave under the Family Medical Leave Act. However, personal vacation can be taken for family medical emergencies.

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

### Rotation Descriptions

This section provides a more detailed description of the training emphasis tracks, and available rotations by institution. Not all rotations will necessarily be offered every year. These descriptions are organized according to the five emphasis tracks in the internship training program. For additional information about a particular rotation, please contact the person whose last name appears in parentheses.
1) GENERAL ADULT PSYCHOLOGY TRACK
(APPIC/NMS program code = 161913)

Each psychology resident in the general adult track participates in the three clinical training rotations described below. Participation in rotations offered by the child and/or behavioral-medicine tracks is NOT possible.

A) University of Washington Medical Center or Harborview Medical Center

(1) Inpatient Psychiatry
(Ty Lostutter, PhD & Joan Romano, PhD)

**Rotation Description & Patient Demographics**
The resident will work in an inpatient setting to provide cognitive behavioral interventions and assessments, either at UW Medical Center or Harborview Medical Center. These units are located inside the main hospitals and are staffed by a team of nurses, therapist specialists, social workers, psychiatry attendings, and psychiatry residents. The patients are generally voluntarily admitted for short-term psychiatric treatment, generally 5-7 days, although shorter and longer stays are possible. Patients reflect a wide range of ages, ethnic backgrounds, and problems. Most patients are admitted with diagnoses of mood and/or anxiety disorders, often with co-morbid substance use disorders and/or personality disorders. Psychosis is also frequently a reason for admission. A smaller percentage comprises geriatric patients with co-morbid medical and psychiatric problems.

**Training Experiences & Treatment Modalities**
Each psychology resident works as a member of a primary treatment team on these units. The resident has primary responsibility to serve as a team consultant on cognitive-behavioral interventions and behavior management plans, to provide brief interventions grounded in empirically-supported approaches aimed at stabilization in preparation for discharge, and to lead a cognitive-behavioral skills psychotherapy group (see description below). Residents participate in daily rounds, during which residents learn about descriptive psychopathology, interviewing, differential diagnosis, psycho-pharmacology, and biological psychiatry. In addition, the resident may oversee the training of one or two psychology practicum students, which serves to develop supervision skills. Residents' supervision of the practicum students is supervised by the psychology attending (Dr. Lostutter).
**Resident Expectations**

Rapid patient turnover makes it imperative that residents on this rotation be highly adaptable and mature. Many disciplines interact, including nursing, occupational therapy, social work, psychiatry and psychology, and boundaries among disciplines are not sharply defined. Much needs to be accomplished quickly, efficiently, and effectively. Initiative, appropriate assertiveness, and good interpersonal sensitivities are very important qualities on this service.

Residents are expected to conduct the CBT group daily and may mentor a practicum student. In terms of individual interventions, the number of patients seen each day will vary based on the needs of the unit and the availability of patients; however, on average residents should expect to conduct 8 individual interventions per week (1-3 patients per day). Residents are asked to closely track symptoms using standardized assessments (e.g., PHQ-9 for depressive symptoms) during each group and individual intervention session (if not administered in group, as clinically appropriate), and to include this information in the associated medical record documentation in order to ensure that patient progress is being monitored.

Residents are expected to attend the monthly UWMC case conference, which occurs the first Wednesday of each month from 4:00-5:00pm in BB1640. This is an opportunity for residents to learn from the experience of other clinicians who are often dealing with challenges related to patient care, including morbidity and mortality. Residents may be invited, or, with the full knowledge and support of their rotation supervisor, request to present a case at the monthly conference, which serves to build case presentation skills in a multidisciplinary setting.

In addition, residents are expected to give an evidence-based medicine (EBM) presentation to the psychiatry residents and faculty at the time/place specified. The resident may choose any topic related to psychological care they desire for their EBM presentation; however, topics generally focus on the range of evidence-based treatments for a specific mental disorder seen on the inpatient unit or on how a single evidence-based treatment approach may be used across different disorders. Residents should speak with the Chief Psychiatry Resident during the first 1-2 weeks of their inpatient rotation to arrange the date for their EBM presentation.
Residents on this rotation are also strongly encouraged to observe one electroconvulsive therapy (ECT) session at Harborview Medical Center, as ECT is often a treatment recommended to patients on inpatient units. Residents are also encouraged to participate in two “short calls” with the psychiatry resident on duty in order to better understand the inpatient intake process (i.e., observe the psychiatry resident perform diagnostic interviews in the ER at UWMC or HMC).

**Supervision**
The faculty psychologist provides at least two hours per week of individual supervision, two hours of group supervision (including co-leading 1 CBT group per week with the psychology resident), and is available on an as-needed basis. Additional ongoing informal supervision is provided by the attending psychiatrists who lead the treatment teams.

(2) **Outpatient Psychiatry Center**
*(Michele Bedard-Gilligan, PhD, Debra Kaysen, PhD, & Joan Romano, PhD)*

**Rotation Description & Patient Demographics**
The University of Washington Outpatient Psychiatry Center (OPC) is a standard outpatient specialty care clinic staffed by faculty and residents in psychology and psychiatry. The OPC is located approximately 5 blocks west of the main campus of the University of Washington and approximately 10 blocks from the University of Washington Medical Center. The OPC serves a predominantly middle and lower-middle class population. Patients come from diverse ethnic and cultural backgrounds and sexual orientations. Patients present with a broad range of clinical problems, including mood, anxiety, adjustment and personality disorders. Portable audiotape equipment, and mobile VCRs/monitors are available for faculty and resident use, as well as a room for live observation of sessions. Computers are available in each clinic room, providing access to the scheduling and computerized medical chart systems, e-mail and the Internet.
Training Experiences & Treatment Modalities
The educational model of the OPC emphasizes an empirically supported scientist-practitioner approach to psychological assessment and treatment. The psychology faculty have specialized training in evidence based cognitive-behavioral therapy, including expertise with cognitive processing therapy and exposure therapies for PTSD and other anxiety disorders. There are also opportunities to receive specialized supervision on integrating dialectical behavior therapy techniques into short-term therapy for individuals with borderline personality disorder, emotion dysregulation, and/or interpersonal difficulties.

Resident Expectations
The training objectives of the OPC are designed to foster the acquisition of a broad generalist experience from among the following activities:
(a) **Treatment:** Individual psychotherapy comprises the majority of the clinical caseload. In coordination with the OPC Triage Team, we balance residents' preferences for particular training experiences with the needs of the clinic. For example, residents may elect to have the majority of their caseload devoted to anxiety related disorders. However, they are also expected to carry a diverse caseload and be willing to take on cases that need care or that expand their existing skill set. Individuals with primary substance use disorders or those who report active suicidality at intake are often, but not always, referred to an alternate service or higher level of care. Should a resident desire to work with these populations specifically, it may be possible, but must be discussed with the rotation supervisors.

Considerations of differential diagnosis, case conceptualization, and treatment planning continuously evolve over the course of care. OPC supervisors are predominantly, but not exclusively, cognitive-behaviorally oriented. Training books, manuals, video and audio tapes, and validated measures of therapist adherence and competence in specific treatments may be used to facilitate feedback and learning by the psychology resident. A typical caseload for each day will involve approximately 4-5 hours of direct clinical contact.
Even though a resident is providing individual therapy, many patients receive medication management services from psychiatry residents and faculty in tandem with psychotherapy services provided by the psychology resident. Thus, like the 7N inpatient rotation and the HMC C/L rotation, the resident is part of a treatment team and must coordinate care with other providers across multiple disciplines.

(b) **Assessment:** Psychology residents can administer a range of self-report indices in the outpatient clinic or refer/consult with the UWMC for more comprehensive assessment batteries (e.g., neuro-psychological assessment). The decision to obtain testing and, if so, which tests, is made in consultation with the supervisor on a case-by-case basis. In this way, residents learn the indications for testing and the clinical utility of testing results in treatment planning.

(c) **Case Conference:** Residents are expected to attend the monthly UWMC case conference, which occurs the first Wednesday of each month from 4:00-5:00pm in BB1640. This is an opportunity for residents to learn from the experience of other clinicians who are dealing with challenging, and sometimes intractable, problems related to patient care. Residents may be invited, or, with the full knowledge and support of their supervisor, request to present a case at the monthly conference, which serves to build case presentation skills in a multidisciplinary setting.

**Supervision:**

Psychology residents will receive individual supervision with two of the attending psychologists. They will also participate in a 1 hour per week combined psychology and psychiatry resident group supervision, moderated by the OPC training faculty (one attending psychologist and one attending psychiatrist). Group supervision is a combination of didactic presentations, readings and faculty/peer consultations. Supervisors are also available on an as needed basis.
(1) Consultation-Liaison (C/L) Service

*(Barbara McCann, PhD)*

**Rotation Description & Patient Demographics**
The Psychiatry Consultation-Liaison (C/L) Service rotation allows psychology residents have the opportunity to learn and improve their consultation skills for medically hospitalized patients. HMC and UWMC are large medical centers and HMC is a regional, level 1 trauma center serving patients from Washington, Alaska, Idaho and Montana. Both locations are leading providers of medical care for minority and underserved populations in the region. The majority of patients present with complex medical and psychiatric conditions.

**Training Experiences & Treatment Modalities**
Consult service is very active, with many new consults per day. Psychology residents on the C/L team will have the opportunity to assess and develop brief treatment plans for patients who are medically ill, need suicide assessment, are delirious, or who need evaluation for decisional capacity. Treatment plans are often also directed toward how the service requesting the consultation may be better able to manage the patient. Unique cases are often seen, including varying types of somatization disorders (e.g., factitious disorder). In addition, there is a high rate of traumatic injury and substance abuse seen in patients at HMC and residents receive training in brief, motivational enhancement interventions. Specifically, psychology residents spend 1.5 days per week rounding with attending psychologists on the Alcohol Intervention Service (AIS), during which time the resident conducts motivational interviews bedside with patients who were admitted with a positive urine toxicology screen for alcohol and/or another drug. While the primary focus of the C/L service is on assessment and treatment planning, the AIS portion of this rotation is an opportunity to further develop brief intervention skills.

**Resident Expectations**
The team on this rotation includes psychiatry and psychology faculty, two or three psychiatry residents, one psychology resident, a social worker, and often medical students. The psychology resident is expected to act as a fully-functioning member of the team, seeing patients for whom medical
intervention may be most appropriate as well as patients for whom behavioral interventions may be beneficial. The resident is expected to carry an equal caseload of patients as the psychiatry residents, to conduct clinical interviews, determine preliminary diagnoses, document the interview encounter (including relevant medical information, such as vital statistics, current medications, and medical history), and, in consultation with the psychiatry attendings, make recommendations to the primary medical team. Residents are also expected, when required, to write affidavits regarding patients who the C/L team determines are in need of inpatient care, but who refuse voluntary admission. These affidavits are read by the Designated Mental Health Professionals (DMHP) who independently interview patients and determine if an involuntary psychiatric hold is warranted. Residents may be called upon to go to court to testify to the content of their affidavit, although this is generally a very rare occurrence. Finally, residents are expected to provide brief bedside interventions, both as part of rounding with Dr. Barbara McCann on the AIS (conducting motivational interviews) at HMC and at the request of the C/L team, if deemed part of the treatment recommendations to the primary medical team. For example, a resident may be asked to implement a behavioral management plan with a patient to facilitate their participation in their medical care.

**Supervision**
Residents receive two hours per week of individual supervision from the attending psychologist on the C/L rotation. Residents also receive on-going group supervision with the C/L team, during regular team meetings and teaching rounds.

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**2) GENERAL CHILD PSYCHOLOGY TRACK**

(APPIC/NMS program code = 161912)

**A) Seattle Children's Hospital**
Department of Psychiatry and Behavioral Sciences-Division of Child and Adolescent Psychiatry

Seattle Children's Hospital (SCH) is a private, nonprofit, University-affiliated, 316-bed hospital with numerous outpatient clinics. It is the primary pediatric training site for the University of Washington School of Medicine and is the major regional children's medical center. SCH is also the major training site for the Department of Psychiatry and
Behavioral Sciences' Division of Child and Adolescent Psychiatry. The Division of Child and Adolescent Psychiatry at SCH provides a variety of services for children with acute and chronic medical problems that are associated with developmental and psychological consequences as well as for children with primary psychiatric disorders. The psychology resident has an excellent opportunity to engage in a wide range of clinical activities and to become skillful with a variety of assessment methods and treatment modalities. Along with patient contacts and consultation to multidisciplinary teams, residents are expected to become familiar with the literature pertinent to their clinical activities and to attend didactic sessions and conferences on the services assigned. Psychology residents have opportunities to participate in research projects during their rotations at SCH. In the following section, a brief overview of each service is given.

(1) **Psychiatry and Behavioral Medicine Unit (PBMU)**

*(Kelly Schloredt, PhD, ABPP)*

**Rotation Description & Patient Demographics**
The Psychiatry and Behavioral Medicine Unit (PBMU) is a 41-bed acute care psychiatric unit that provides multidisciplinary assessment, crisis intervention and stabilization, and long-term treatment planning for children and adolescents between the ages of 4 and 18. The children and adolescents seen on this unit present with a variety of severe psychological/psychiatric problems, including psychotic, mood, disruptive, anxiety, eating, and developmental disorders, as well as chronic medical problems with concomitant behavioral difficulties. In addition, many youth struggle with significant psychosocial stressors related to child abuse and neglect, and other types of trauma.

**Training Experiences & Treatment Modalities**
The PBMU is a multidisciplinary unit with routine contributions made by nursing, education, parent-support, nutrition, speech and language pathology, adolescent medicine, pediatrics, art therapy, recreational therapy, and occupational and physical therapy. The PBMU provides children, adolescents and their families with acute crisis stabilization through solution focused intervention and works to facilitate connections to community resources. Components of the PBMU Program include: 1) intensive skill building in context of a behavior management philosophy of "Natural and Logical Consequences", 2) individual and family crisis management and stabilization centered on skill building through the use of evidence informed clinical pathways,
3) medication evaluation, 4) crisis prevention planning and 5) disposition assessment and planning, with connection to appropriate community resources.

**Resident Expectations & Supervision**
Residents are expected to: 1) participate in team care and to function as a team clinician (individual and family intervention) for a range of patients with support and direction from psychiatry and psychology attendings, 2) participate in clinical activities related to diagnostic evaluation/formulation, medication management/evaluation, teaching emotion regulation and distress tolerance skills (including diagnostic specific skills outlined in clinical pathways), crisis prevention planning, and disposition planning. Residents review and integrate information from outside sources (school, caseworker, previously involved mental health professionals, current providers, etc.), write reports (daily chart notes, case formulations, support letters, Crisis Prevention Plans, CPS Reports, etc.) and participate in multidisciplinary treatment planning for patients assigned to their team. Psychology residents receive individual supervision from a psychologist and a psychiatrist on a weekly basis, and group supervision through daily clinical huddles and weekly patient reviews.

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(2) **Neuropsychological Consultation Service**
*(David Breiger, PhD; Jesse Bledsoe, PhD)*

**Rotation Description & Patient Demographics**
The Neuropsychological Consultation Service provides evaluations to most clinics in the hospital, including Psychiatry, Neuro-oncology, Hematology, Genetics, Cardiology, Rheumatology, Neurodevelopmental and Neurology. Neurodevelopmental disorders frequently seen include autism, ADHD, learning disabilities, and intellectual disabilities. In addition, children are seen before neurosurgical intervention and during treatment and follow-up of brain tumors.

**Training Experiences & Treatment Modalities**
Psychology residents are primarily affiliated with the Neuropsychological Consultation Service. In addition, residents participate in the School Contract Evaluations which provides an independent evaluation of children and adolescents with learning problems. The resident is involved in the neuropsychological assessment of a wide age range of children, and becomes
familiar with a number of commonly used neuropsychological assessment instruments. The psychology resident will become competent in using a structured interview to gather developmental and diagnostic information from parents. The resident is involved in consultation with schools and in reporting results to parents, referral sources, and treatment teams.

**Resident Expectations & Supervision**

Interdisciplinary consultation, information gathering from a variety of sources, and integration of psychosocial, medical, neuropsychological data requires that the psychology resident be well-organized and adaptable. Through supervision and directed readings, the resident is exposed to different theoretical approaches to pediatric neuropsychology.

**Evaluation of Psychology Residents**

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

**Consultation/Liaison (C/L)**

**Rotation Description & Patient Demographics**

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

**Training Experiences & Treatment Modalities**

The psychology resident will learn how to conduct consultations with patients in tertiary and primary care settings. Opportunities for limited-term interventions are available. The C/L conferences are open to all C/L team members including Nursing, Social Work, Psychiatry, Psychology, and students.

**Resident Expectations & Supervision**

All consultations are supervised by the attending psychiatrist and attending psychologist on service (Ian Kodish, MD, PhD, Brent...
Collett, PhD, Cynthia Flynn, PhD, Elizabeth McCauley, PhD, ABPP). A weekly teaching conference is held to conduct case discussions or didactic presentations on topics relevant to C/L services. The resident will receive weekly individual supervision in addition to informal supervision provided during rounds conducted on each new patient.

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

(4) **Child & Adolescent Outpatient Psychiatry Program**  
*(Molly Adrian, PhD; Erin Gonzalez, PhD)*

**Rotation Description & Patient Demographics**
This rotation provides a mix of assessment and treatment opportunities, within a clinic team that consists of psychologists, child psychiatrists, nurses, and case managers. New and ongoing cases are discussed during twice weekly team meetings. Psychology residents will work with a variety of presenting problems including ADHD, disruptive behavior disorders, anxiety disorders, and depression, as well as less common psychiatry conditions (OCD, suspected early onset bipolar disorder, autistic spectrum, eating disorders) and rare medical disorders with associated psychopathology (e.g., craniofacial disorders and other genetic syndromes). The rotation includes opportunities to work with younger children as well as adolescents.

**Training Experiences & Treatment Modalities**
The psychology resident learns to work collaboratively with other disciplines; e.g., some cases are treated by a combination of medication and psychological interventions. Assessments of children typically include observation and videotaping of parent-child or family interaction. School visits and developmental testing of the child are often done. Primary treatment strategies include parent-child interaction training, brief family therapy, school consultations, and cognitive-behavioral treatment for the child. Interventions are formulated within the context of a developmental model. There are opportunities for training in psychopharmacology, Dialectical Behavioral Therapy (DBT) and cognitive-behavioral treatments for OCD.
**Resident Expectations & Supervision**
Supervision consists of direct observation, review of DVDs, case conferences, and weekly individual and group supervision.

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

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### 3) BEHAVIORAL MEDICINE TRACK

*(APPIC/NMS program code = 161914)*

For 2019-2020 the behavioral medicine track will accept five residents. All residents will receive extensive training in behavioral medicine within medical/surgical and medical rehabilitation settings. In addition, all residents in the Behavioral Medicine track will have at least some exposure to basic neuropsychological principles and assessment. Previous neuropsychology experience is not required for the Behavioral Medicine track.

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

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### A) University of Washington Medical Center Department of Rehabilitation Medicine

Training faculty: Jeanne Hoffman, PhD, ABPP-RP (inpatient consultations and outpatient rehabilitation), Ivan Molton, PhD, (inpatient rehabilitation), Lauren Schwartz, PhD, (outpatient rehabilitation clinic), and Myron (Moe) Goldberg, PhD, ABPP-CN, (Director, Neuro Rehabilitation Program & Neuropsychology Service)

**Rotation Description**
The Behavioral Medicine rotation at UWMC provides an array of clinical experiences to train clinical psychologists within a multidisciplinary team framework in a medical setting. Psychology residents will have opportunities to work collaboratively with physicians, nurses, speech pathologists, physical therapists, occupational therapists, vocational counselors, therapeutic recreation therapists, and social workers, from
within the medical center as well as from the community in developing and implementing treatment plans. Psychology is an integral part of the medical team. Our patients are diverse in terms of medical conditions and problems, ethnic and socioeconomic backgrounds, and ages. Psychology residents will have an opportunity to evaluate and treat patients with a variety of presenting medical conditions, including: spinal cord injury; brain injury due to trauma stroke, tumor, aneurysm, hemorrhage, hypoxia, etc.; multiple sclerosis; muscular dystrophy; post-polio syndrome; amyotrophic lateral sclerosis; cancer; and large organ transplant (heart, lung, and liver). The rotation provides a mix of inpatient and outpatient psychological assessment and treatment opportunities.

**Training Experiences**

The training model emphasizes empirically supported scientist-practitioner approach to assessment and treatment. Psychology residents learn to function as an integral member of an interdisciplinary rehabilitation team. Psychology residents cover 2 teams on the acute inpatient rehabilitation unit, and follow up to 8 outpatients in the rehabilitation clinic. Occasionally residents will have an opportunity to assist with the inpatient consultation-liaison service. Typical patients present with need for assessment of psychological and/or neuropsychological functioning, identification of patient and family concerns, development and implementation of appropriate treatment programs, and mobilization of resources to integrate the patient into the community. Psychology residents are involved in a range of clinical activities, including psychological assessment; utilization of assessment findings in inpatient and outpatient rehabilitation treatment planning; development of behavioral programs; consultation to team members and community agencies; case management of patients; and provision of individual and family therapy. All residents will receive training in conducting and utilizing findings from brief inpatient neuropsychological evaluations.

Participation in weekly rounds and team/family conferences is an important part of the psychology residents' experience. There is also the opportunity to observe or participate in outpatient treatment groups. Psychology residents who are involved in the behavioral medicine rotation participate in a monthly rehabilitation psychology journal club. Psychology residents also have opportunities to attend the Department of Rehabilitation Medicine's Grand Rounds which occurs twice per month and covers various rehabilitation topics, many of which are of interest to residents.
**Expectations of Psychology Residents**

Behavioral Medicine residents participate in all aspects of the training experiences listed above, and can typically expect to follow 4 to 8 inpatient cases, and 6 to 8 outpatient cases weekly. By the end of the rotation, psychology residents are expected to:

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

**Training Methods**

Psychology residents will have an orientation session with tours of the facility. Residents will then have an opportunity to accompany and observe the supervising psychologist(s) performing clinical work. Residents will then have opportunities to see patients with direct observation and supervision provided. The eventual goal is for psychology residents to work fairly independently with patients and to move towards a co-treatment model. Psychology residents are provided with examples of psychological/neuropsychological evaluation reports, progress notes, and other written communications as models. Residents have access to a training manual and numerous articles and books to supplement their learning experiences.

Psychology residents participate in weekly scheduled individual supervision as well as weekly group supervision. Residents have additional opportunities for contact and supervision with the supervisors during weekly rounds and conferences. Residents are encouraged to drop by or page the supervisors with day-to-day questions concerning patients. Supervision is provided by the attending psychologists, and additional supervision may be provided by the post-doctoral fellow.

**Evaluation of Psychology Residents**

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

B) Harborview Medical Center Department of Rehabilitation Medicine

Training Faculty: Jeffrey Sherman, PhD, (Consults) Shelley Wiechman, PhD (Burns, Pediatrics), Dawn Ehde, PhD (CORP neuropsychology), Gina Formea, PhD, ABPP-CN (CORP neuropsychology), Eric Strachan, PhD (Madison Clinic), Charles Bombardier, PhD, ABPP (Inpatient rehabilitation)

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

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

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

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

Psychology residents work closely with a variety of medical and adjunctive medical disciplines such as physical therapy, occupational therapy, speech pathology, nursing, social work, rehabilitation counseling, and therapeutic recreation. Surgery and rehabilitation medicine physicians are our two most prominent medical colleagues. HMC rehabilitation psychologists must rely on treatment modalities that fit well into the trauma setting. As such, there is a heavy emphasis on consultation/liaison, brief psychotherapy, and focused assessment. Behavioral and cognitive-behavioral frameworks are used frequently. More traditional psychotherapy is practiced through the outpatient rehabilitation and burn clinics as well. Training in hypnosis for pain control and motivational interviewing for substance abuse and treatment adherence is available. The psychologists often rely on a systems approach in which the patient is evaluated and treated within the context of the interdisciplinary health care team and family. Assessing and treating team behaviors is often essential to assisting the patient.

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

The rotations at Harborview are as follows:

(1) **Inpatient Consultation Liaison Service, Burn Unit and Pediatrics Service**

Behavioral Medicine residents on this service are actively involved in a thriving psychology consultation service that provides treatment for the majority of the services in a regional, level 1 trauma center. About one third of consultation referrals are to the Burn Unit, which is world famous and provides interdisciplinary care on an inpatient and outpatient basis. Frequent clinical issues include facilitating adjustment to burn injuries, managing acute pain, assessing for reactions to trauma, and behavioral management. One third of the patient population on the Burn Unit is pediatric and residents are given the opportunity to work with children. Training with hypnosis and other acute pain and stress management techniques is available and often emphasized on this service. The other two thirds of consultation referrals are to nearly every unit in the hospital including Neurosurgery, Neurology, Orthopedics, Medicine, Surgery units and every ICU in the hospital. Clinical work with
such patients often involves assessment and treatment after multiple traumas. This service differs from Psychiatry Consultation/Liaison in that the emphasis is on adjustment to physical trauma and brief psychotherapy as opposed to Psychiatry’s emphasis on suicide assessment, treatment of psychosis, and pharmacologic treatments.

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

(2) **HMC Inpatient Rehabilitation**

For the inpatient rehabilitation aspect of the rotation residents are the first line consultants to the medical, nursing and therapy team members regarding the assessment and treatment of psychiatric disorders, substance abuse disorders, adherence to treatment issues, and overall adjustment to loss, injury or disease. Residents learn about common cognitive, behavioral, and psychological conditions associated with traumatic injuries such as brain injury and spinal cord injury as well as neurological conditions such as stroke and aneurysms. They learn how to help patients, their loved ones, and rehabilitation team members cope more effectively with the rehabilitation process. Residents will also learn to interpret and report on results from a brief neuropsychological testing battery administered by a dedicated psychometrist and supervised by Dr. Goldberg, Dasher or Bombardier.

(3) **The Madison Clinic**

The Madison Clinic is an outpatient clinic located near Harborview Medical Center that provides medical care and social services for persons living with HIV/AIDS regardless of sexual orientation, race, or ability to pay. Each patient has a primary care provider who organizes services required. Care at the Madison Clinic is interdisciplinary. Mental health services are provided by psychologists and psychiatrists. Other providers include nurses, pharmacists, nutritionists, social workers and other specialists. Psychology residents will function as part of this interdisciplinary team to provide assessment and treatment for a broad range of disorders found in patients living with HIV/AIDS such as depression, anxiety, PTSD and neurocognitive impairments as well as issues related to adjustment to chronic
illness and adherence to medical recommendations.

(4) **HMC Outpatient Burn Clinic**

Patients who are discharged from our inpatient burn unit continue to get care from our outpatient burn clinic often for at least two years after discharge. Much like the inpatient burn unit, it serves the surrounding five state region as the only verified burn center in the region. The clinic also accepts referrals for patients not treated on the inpatient burn unit. The Outpatient burn clinic served 2457 patients (both adults and children) this past fiscal year. Given the multitude of issues that burn survivors face, including ongoing pain, high rates of depression, PTSD and body image concerns, the psychologist is a valued member of the multidisciplinary team. The psychologist screens every patient during their clinic appointment, in conjunction with the medical team. Longer interventions are conducted on those patients who screen positive for psychological issues. Training opportunities include the opportunity to conduct brief screens and consult with the larger medical team, as well as providing evidence-based interventions targeted at managing distress (PTSD, depression, sleep disturbance) and adjustment to injury. Finally, trainees get to see the full spectrum of recovery from a serious injury when they can follow a patient from the ICU, to the acute floor, and on to the outpatient burn clinic.

(5) **HMC Outpatient Pediatrics Clinic**

The Pediatric Clinic provides primary care services to children and teenagers, with a mission of serving patients from underserved populations. Approximately 3200 children receive care from this clinic as their medical home. Most patients (>90%) are not Caucasian. Recent immigrants are prevalent: 68% of the parents of children seen in the clinic were born outside the U.S. and fewer than 30% of the families speak English at home. These families rely on the clinic's accessibility, interpreter services and outreach to specific ethnic and linguistic communities. The clinic is staffed by pediatric residents, attending physicians and mid-level practitioners. A broad range of consultants are housed in this clinic and include psychiatrists, adolescent specialists, social workers, psychologist, lactation consultants, and nutritionists. Behavioral Medicine residents on this rotation get experience working with medical staff in a
pediatric primary care setting. Common referral questions include assessment, treatment, and recommendations for a broad range of childhood internalizing and externalizing disorders such as ADHD/ADD, anxiety, depression, learning problems, eating disorders, enuresis/encopresis, and disorders along the autism spectrum. Additionally, residents receive training in delivering interventions for behavior change and treatment adherence with common medical problems (obesity, substance abuse, asthma, and diabetes). Treatment planning for children and adolescents with behavior problems such as oppositional defiant disorder and conduct disorder, as well as culturally sensitive parent training strategies, are also common referral questions.

**HMC Comprehensive Outpatient Rehabilitation Program (CORP)**

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

**HMC Rotations**

Within each 4 month rotation, residents are typically assigned to two clinical services simultaneously in order to provide a diverse training experience that includes both inpatient and outpatient training throughout the year. The table below presents rotation combinations that are illustrative. The exact combinations and percent commitment may vary by year. Rotations are arbitrarily labeled A-E.
<table>
<thead>
<tr>
<th>Rotation A</th>
<th>Rotation B</th>
<th>Rotation C</th>
<th>Rotation D</th>
<th>Rotation E</th>
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<tbody>
<tr>
<td>Inpatient Rehab (80%)</td>
<td>C&amp;L Service (80%)</td>
<td>Burn Unit C&amp;L (80%)</td>
<td>C&amp;L Service (20%)</td>
<td>C&amp;L Service (10%)</td>
</tr>
<tr>
<td>CORP (20%)</td>
<td>CORP (20%)</td>
<td>Peds &amp; Burns Clinics (20%)</td>
<td>CORP (&amp; optional NP) (80%)</td>
<td>Madison Clinic (70%) CORP (20%)</td>
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**General Resident Expectations & Supervision**

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

What follows are some general expectations. The activities described below are dependent on the HMC rotation assigned. Psychology residents are generally expected to be responsible for eight to 14 inpatients and see about 6-8 outpatients per week. Residents provide an initial comprehensive psychological evaluation on each of their rehabilitation patients. Clinical responsibilities with such patients include seeing the patients once a week and combining their input with those of a multidisciplinary team during weekly rounds. Psychology residents are also expected to attend the burn unit psychosocial rounds each Monday morning and to respond to whatever consults are generated during those rounds. After evaluating patients with burns, residents then report to the general medical team rounds held once or twice weekly on the burn unit.

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

### 4) REHABILITATION NEUROPSYCHOLOGY TRACK

**(APPIC/NMS program code = 161915)**

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

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

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

The training model emphasizes empirically supported scientist-practitioner approach to assessment and treatment. The Rehabilitation Neuropsychology resident will function as an integral member of an interdisciplinary rehabilitation team, which includes psychology, medicine, speech-language therapy, physical therapy, occupational therapy, nursing, and vocational rehabilitation. For inpatient services, the Rehabilitation Neuropsychology resident will cover 1-2 teams on an acute inpatient rehabilitation unit, which will include psychological and neuropsychological assessment and utilization of the assessment findings for rehabilitation treatment planning and development of behavioral programs. Rehabilitation Neuropsychology residents will also be involved in intensive outpatient evaluation experiences, including comprehensive interview, integrative report writing, and feedback. Psychotherapy training is an important component of the Rehabilitation Neuropsychology track and all residents in this track will follow outpatients to aid in psychological adjustment. Participation in weekly rounds and team/family conferences will also be important part of the neuropsychology residents’ experience.

**Resident Expectations**

During their Neuropsychology focused rotations, the Rehabilitation Neuropsychology resident is expected to complete one comprehensive outpatient neuropsychological evaluation per week, and on as needed basis, brief inpatient neuropsychological screens (typically 1-3 per month). Outpatient neuropsychological testing is completed by psychometry but the resident will be required to administer the inpatient battery. The resident will be involved extensively in the interview, integrative report writing, providing feedback to patients and family, and
communicating evaluation results to and coordinating care with care providers, including those in our multidisciplinary inpatient and outpatient rehabilitation care teams.

In regard to psychotherapy, expectations of case load of first rotation will vary slightly depending on site (UWMC or HMC), but will typically include 5-6 outpatients per week. Inpatient psychotherapy and consultation expectations typically include 8-12 patients per week. The Rehabilitation Neuropsychology resident will provide the initial inpatient comprehensive psychological evaluation on each of their rehabilitation patients, with the clinical responsibilities being to see the patients once a week and combine their input with those of a multidisciplinary team during weekly rounds. Throughout the internship year, the Rehabilitation Neuropsychology resident will also participate in regularly-held neuropsychological journal club and fact-finding exercises. The resident will also join the Behavioral Medicine residents in a weekly neuropsychology seminar and the monthly rehabilitation psychology journal club.

**Supervision Experience**
The faculty neuropsychologists will provide at least two hours per week of individual supervision for each assessment case, but the resident will also be involved in weekly group supervision that can be utilized to discuss neuropsychological cases. Outpatient neuropsychological assessment and report writing is supervised by ABPP board certified clinical neuropsychologists.

**Rehabilitation Neuropsychology Rotations**
As described above, Rehabilitation Neuropsychology residents will complete a total of three rotations during their training year. Two of these rotations will include a focus in Neuropsychology and Neurorehabilitation, while the third will not.

We list these rotation sites separately, below:

<table>
<thead>
<tr>
<th>ROTATIONS INCLUDING A NEUROPSYCHOLOGY FOCUS</th>
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<tbody>
<tr>
<td><strong>A) University of Washington Medical Center Department of Rehabilitation Medicine</strong></td>
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<tr>
<td>Jeanne Hoffman, PhD, ABPP-RP (inpatient consultations and outpatient rehabilitation), Ivan Molton, PhD, (inpatient rehabilitation, outpatient rehabilitation Clinic), Lauren Schwartz, PhD, (outpatient rehabilitation clinic), Myron (Moe) Goldberg, PhD, ABPP-CN, (Director, Neuro</td>
</tr>
</tbody>
</table>
Rotation Description
The UWMC Rehabilitation Neuropsychology rotation provides an array of clinical experiences to train clinical psychologists within a multidisciplinary team framework in a medical setting. Residents will have opportunities to work collaboratively with physicians, nurses, speech pathologists, physical therapists, occupational therapists, vocational counselors, therapeutic recreation therapists, and social workers, from within the medical center as well as from the community in developing and implementing treatment plans. Psychology is an integral part of the medical team. Our patients are diverse in terms of medical conditions and problems, ethnic and socioeconomic backgrounds, and ages.

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

Training Experiences
Like their counterparts in the Behavioral Medicine track, Rehabilitation Neuropsychology residents learn to function as an integral member of an interdisciplinary rehabilitation team. Rehabilitation Neuropsychology residents cover 2 teams on the acute inpatient rehabilitation unit, and follow outpatients weekly in the rehabilitation clinic. Typical patients present with need for assessment of psychological and/or neuropsychological functioning, identification of patient and family concerns, development and implementation of appropriate treatment programs, and mobilization of resources to integrate the patient into the community. Rehabilitation Neuropsychology residents will also participate in both brief inpatient neurocognitive screens and more intensive outpatient neuropsychological evaluation experiences, including interviewing, test selection, administration, scoring, and interpretation, results integration, differential diagnosis, and report writing, as well as feedback to patients, family, and referral sources.

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

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

**Expectations of Psychology Residents**
Rehabilitation Neuropsychology residents participate in all aspects of the training experiences listed above. Residents in this track can typically expect to follow 4 to 8 inpatient cases, and 5-6 outpatient cases. Rehabilitation Neuropsychology residents will also be expected to be involved in at least one outpatient neuropsychology evaluation case per week.

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

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

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

**Evaluation of Psychology Residents**
Supervisors provide frequent, ongoing feedback on the psychology resident's performance throughout the rotation. Residents and supervisors discuss the resident's progress and training needs at the mid-rotation point. Psychology residents participate in standard evaluation practices that are part of the overall internship which includes self-evaluation, evaluations by their supervisors, resident evaluation of their supervisors and resident evaluation of the rotation site.

**B) Harborview Medical Center Department of Rehabilitation Medicine**

*Jeffrey Sherman, PhD, (Consults), Dawn Ehde, PhD (CORP neuropsychology), Gina Formea, PhD, ABPP-CN (CORP neuropsychology), Charles Bombardier, PhD, ABPP-RP (Inpatient rehabilitation)*

**General Rotation Description & Patient Demographics**
HMC provides training in medical psychology and neuropsychology and operates primarily within two areas of the medical center: the Inpatient Rehabilitation unit (Bombardier) and the Comprehensive Outpatient Rehabilitation Program (Formea, Ehde and other faculty).

Patients are commonly admitted to HMC due to trauma or acute illness. Psychology residents typically work with patients who have sustained traumatic brain injury, cerebral vascular accidents, spinal...
cord injuries, and multiple traumas. Patients come from diverse backgrounds in terms of ethnicity, socioeconomic status, and geographical location. An important aspect of HMC rotations is understanding the role of clinical psychologists within an interdisciplinary team framework and within a health care delivery system. All psychology residents work with multidisciplinary teams that include physicians, nurses, speech pathologists, physical therapists, occupational therapists, social workers, and vocational counselors. This site provides abundant opportunities to apply psychological and neuropsychological principles in a medical setting with patients experiencing a variety of acute medical and surgical conditions.

**Training Experiences & Treatment Modalities**
The mission of the psychologists at the Harborview Medical Center (HMC) rotation is to provide primary psychological care for inpatients on the Rehabilitation Medicine unit as well as patients followed by the Outpatient Rehabilitation Medicine Service. Rehabilitation Neuropsychology residents completing the HMC rehabilitation psychology rotation gain experience with a wide variety of acute medical and surgical conditions, and learn to work on interdisciplinary medical teams in both inpatient and outpatient settings. Harborview Medical Center is a Regional Level I Trauma Center serving five states with a highly diverse patient mix. Psychologists play a prominent role in the care of these patients. This site provides a unique opportunity to work with a multiethnic patient population and to obtain training from psychologists who regularly integrate clinical and research activities. It also gives the experience of providing psychological and neuropsychological services in a fast-paced, intense, but extremely collegial environment.

Like their counterparts in the Behavioral Medicine track, Rehabilitation Neuropsychology residents work closely with a variety of medical and adjunctive medical disciplines such as physical therapy, occupational therapy, speech pathology, nursing, social work, rehabilitation counseling, and therapeutic recreation. HMC rehabilitation psychologists must rely on treatment modalities that fit well into the trauma setting. As such, there is a heavy emphasis on consultation/liaison, brief psychotherapy, and focused assessment. Behavioral and cognitive-behavioral frameworks are used frequently. Training in hypnosis for pain control and motivational enhancement therapy for substance abuse is available. The psychologists often rely on a systems approach in which the patient is evaluated and treated within the context of the interdisciplinary health care team and family.
Assessing and treating team behaviors is often essential to assisting the patient.

Psychology residents at HMC rehabilitation first undergo a group orientation session with tours of the facility. Residents then accompany and observe an attending psychologist doing clinical work. Based on the residents' level of comfort they are then provided with the opportunity to see patients under visual supervision. As the comfort level of residents' further progresses, supervision increasingly takes the form of CO-treatment or face-to-face review of cases. Residents meet with attending psychologists for individual supervision on a weekly basis. Group supervision meetings are held on a weekly basis as well. All residents are invited to attend the weekly neuropsychology case-based seminar. Generally there is a minimum of two hours of individual supervision a week, although psychology residents are encouraged to page the supervisors with day-to-day questions about the patients.

A psychology resident handbook is provided that contains extensive reading materials pertaining to the patient populations served and resident clinical responsibilities. Model reports, structured evaluation formats and practical clinical care guidelines are also included. Psychology residents typically attend multidisciplinary Rehabilitation and Burn Unit rounds, thereby becoming familiar with the work of other professionals. They continue to attend the regular internship didactics through this rotation as well as specialized seminars on topics of specific importance to residents (e.g., acute pain/stress management techniques, hypnosis for pain and stress, introductions to spinal cord injury, traumatic brain injury, and burn injury as well as sessions on working with interpreters, with multi-ethnic populations, and with medical teams).

**HMC Rotations:**

**HMC Inpatient Rehabilitation**
For the inpatient rehabilitation aspect of the rotation residents are the first line consultants to the medical, nursing and therapy team members regarding the assessment and treatment of psychiatric disorders, functional implications of neurocognitive impairment, substance abuse disorders, adherence to treatment issues, and overall adjustment to injury or disease. Residents learn about common cognitive, behavioral, and psychological conditions associated with traumatic injuries such as brain injury and spinal cord injury as well as neurological conditions such as stroke and aneurysms. They learn how
to help patients, their loved ones, and rehabilitation team members cope more effectively with the rehabilitation process. Rehabilitation Neuropsychology residents will also select, interpret and report on results from a brief neuropsychological testing battery administered by a dedicated psychometrist and supervised by Dr. Bombardier.

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

Within CORP, Rehabilitation Neuropsychology residents receive training in comprehensive outpatient neuropsychological assessment. These residents receive specific education and training in neuropsychological aspects of typical rehabilitation populations (see above), diagnostic interviewing skills, test selection, test interpretation, report writing, conducting testing feedback sessions and using neuropsychological test results and knowledge about brain-behavior relationships to inform multidisciplinary rehabilitation programming.

**General Resident Expectations & Supervision**
HMC rehabilitation psychologists seek to train residents in a scientist/practitioner model. In addition, psychology residents learn to provide assessments and treatment within a primarily medical/surgical context. Thus our objective is that residents are comfortable in acute medical settings in general, as well as rehabilitation unit placements specifically. General skills that are taught during these rotations include clinical and neuropsychological assessment of people with acquired physical and cognitive disabilities, integration of neuropsychological findings into multidisciplinary rehabilitation planning, DSM V diagnosis, behavioral management, non-pharmacological approaches to pain control, brief interventions for psychological distress related to medical conditions/grief, brief
interventions for substance abuse problems, and working with families of people who have had trauma or disability. Rehabilitation Neuropsychology residents are generally expected to be responsible for eight to 14 inpatients and see about 5-6 outpatients per week. Residents provide an initial comprehensive psychological evaluation on each of their inpatient rehabilitation patients. Clinical responsibilities with such patients include seeing the patients once a week and combining their input with those of a multidisciplinary team during weekly rounds.

Rehabilitation Neuropsychology residents will also complete one comprehensive outpatient neuropsychological evaluation per week under the supervision of a HMC neuropsychologist through the CORP program. All psychology residents at HMC attend outpatient team rounds, collaborate with multidisciplinary team and participate in groups. Psychology residents participate in standard evaluation practices that are part of the overall internship which includes self-evaluation, evaluations by their supervisors, resident evaluation of their supervisors and resident evaluation of the rotation site. Residents and supervisors exchange verbal feedback at the mid-rotation point. Written and verbal feedback is exchanged at the end of the rotation. In addition, residents are provided with feedback throughout the rotation based on observations of treatment, as well as participation in multidisciplinary team rounds. Training is provided by attending psychologists (faculty within the Department of Rehabilitation Medicine) and, frequently, one or two postdoctoral fellows. At least two hours of individual supervision per week is provided by psychology faculty, with additional supervision offered on an as-needed basis. One hour per week of group supervision is required. Rehabilitation Neuropsychology residents will also attend a weekly neuropsychology/rehab psychology seminar.

**ROTATIONS WITHOUT A SPECIFIC NEUROPSYCHOLOGY FOCUS**

**C) Harborview Medical Center Department of Rehabilitation Medicine**

Jeffrey Sherman, PhD, (Consults), Shelley Wiechman, PhD (Burns, Pediatrics), Dawn Ehde, PhD (CORP neuropsychology), Gina Formea, PhD, ABPP-CN (CORP neuropsychology), Eric Strachan, PhD (Madison Clinic)
Harborview Medical Center Inpatient Consultation Liaison Service, Burn Unit and Pediatrics Service

Consultation Liaison Residents on this service are actively involved in a thriving psychology consultation service that provides treatment for the majority of the services in a regional, level 1 trauma center. About one third of consultation referrals are to the Burn Unit, which is world famous and provides interdisciplinary care on an inpatient and outpatient basis. Frequent clinical issues include facilitating adjustment to burn injuries, managing acute pain, assessing for reactions to trauma, and behavioral management. One third of the patient population on the Burn Unit is pediatric and residents are given the opportunity to work with children. Training with hypnosis and other acute pain and stress management techniques is available and often emphasized on this service. The other two thirds of consultation referrals are to nearly every unit in the hospital including Neurosurgery, Neurology, Orthopedics, Medicine, Surgery units and every ICU in the hospital. Clinical work with such patients often involves assessment and treatment after multiple traumas. This service differs from Psychiatry Consultation/Liaison in that the emphasis is on adjustment to physical trauma and brief psychotherapy as opposed to Psychiatry’s emphasis on suicide assessment, treatment of psychosis, and pharmacologic treatments.

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

The Madison Clinic

The Madison Clinic is an outpatient clinic located near Harborview Medical Center that provides medical care and social services for persons living with HIV/AIDS regardless of sexual orientation, race, or ability to pay. Each patient has a primary care provider who organizes services required. Care at the Madison Clinic is interdisciplinary. Mental health services are provided by psychologists and psychiatrists. Other providers include nurses, pharmacists, nutritionists, social workers and other specialists. Psychology residents will function as part of this interdisciplinary team to provide assessment and treatment for a broad range of disorders found in patients living with HIV/AIDS such as depression, anxiety, PTSD and neurocognitive...
impairments as well as issues related to adjustment to chronic illness and adherence to medical recommendations.

(3) Harborview Medical Center Outpatient Burn Clinic
Patients who are discharged from our inpatient burn unit continue to get care from our outpatient burn clinic often for at least two years after discharge. Much like the inpatient burn unit, it serves the surrounding five state region as the only verified burn center in the region. The clinic also accepts referrals for patients not treated on the inpatient burn unit. The Outpatient burn clinic served 2457 patients (both adults and children) this past fiscal year. Given the multitude of issues that burn survivors face, including ongoing pain, high rates of depression, PTSD and body image concerns, the psychologist is a valued member of the multidisciplinary team. The psychologist screens every patient during their clinic appointment, in conjunction with the medical team. Longer interventions are conducted on those patients who screen positive for psychological issues. Training opportunities include the opportunity to conduct brief screens and consult with the larger medical team, as well as providing evidence-based interventions targeted at managing distress (PTSD, depression, sleep disturbance) and adjustment to injury. Finally, trainees get to see the full spectrum of recovery from a serious injury when they can follow a patient from the ICU, to the acute floor, and on to the outpatient burn clinic.

(4) Harborview Medical Center Outpatient Pediatrics Clinic
The Pediatric Clinic provides primary care services to children and teenagers, with a mission of serving patients from underserved populations. Approximately 3200 children receive care from this clinic as their medical home. Most patients (>90%) are not Caucasian. Recent immigrants are prevalent: 68% of the parents of children seen in the clinic were born outside the U.S. Fewer than 30% of the families speak English at home. These families rely on the clinic's accessibility, interpreter services and outreach to specific ethnic and linguistic communities. The clinic is staffed by pediatric residents, attending physicians and mid-level practitioners. A broad range of consultants are housed in this clinic and include psychiatrists, adolescent specialists, social workers, psychologist, lactation consultants, and nutritionists. Psychology residents on this rotation get experience working with medical staff in a pediatric primary care setting. Common referral questions include
assessment, treatment, and recommendations for a broad range of childhood internalizing and externalizing disorders such as ADHD/ADD, anxiety, depression, learning problems, eating disorders, enuresis/encopresis, and disorders along the autism spectrum. Additionally, residents receive training in delivering interventions for behavior change and treatment adherence with common medical problems (obesity, substance abuse, asthma, and diabetes). Treatment planning for children and adolescents with behavior problems such as oppositional defiant disorder and conduct disorder, as well as culturally sensitive parent training strategies, are also common referral questions.

5) INTEGRATED PRIMARY CARE TRACK
(APPIC/NMS program code = 161911)

A) UW NEIGHBORHOOD NORTHGATE CLINIC
(Kari Stephens, PhD & Daniel R. Evans, PhD)

**Rotation Description & Patient Demographics**
The University of Washington Family Medicine Residency trains physicians in full-spectrum care, scholarship and leadership, using innovative educational and clinical designs to serve patients, families and diverse communities. Members of the Residency Faculty are deeply involved in resident education, and nearly all physician faculty in the Family Medicine Department participate in resident education by precepting in one of the two Family Medical Centers (FMCs) and attending with the residents on the Family Medicine inpatient service at the University of Washington Medical Center. The larger of the two FMCs is the University of Washington Neighborhood Clinic Northgate FMC, located about 6 miles north of the UW main campus. The satellite FMC is Harborview Family Medicine, located about 9 miles south of the UW main campus. Patients reflect a wide spectrum of culturally and ethnically diverse populations, with the Harborview location serving a broad group of underserved patients and families including those struggling with homelessness, substance use and abuse, mental health disorders, and refugees.

**Training Experiences & Treatment Modalities**
Each psychology resident works as an integrated behavioral health team member and as a behavioral health provider (BHP) within each FMC. The psychology resident may spend half time at each location throughout the year, splitting days between the clinics. As an
integrated BHP, primary responsibilities will include treating patients with brief evidence based treatments both “on the fly” to assist primary care providers and maximize treatment opportunities and engagement with patients, as well as seeing patients for scheduled psychotherapy visits to address health and mental health issues. The resident has a primary responsibility to serve as a team consultant on cognitive-behavioral interventions and behavior management plans, to provide brief interventions grounded in empirically-supported approaches appropriate to the health and/or mental health condition, and treat patients directly with brief evidence based behavioral interventions. Residents will have the opportunity to shadow and be shadowed by attending psychologists and psychiatrists in the clinics, as well as participate in Collaborative Care team consultations.

**Resident Expectations**
The primary care rotations are conducted on a full time basis for 12 months, possibly splitting time between each clinic throughout the year.

The training objectives for this primary care track are designed to foster independent practice in increasingly complex situations to prepare psychologists to participate in and promote integrated behavioral health care in primary care.

Residents will be expected to maintain weekly therapy clinics, weekly behavioral health consultation clinics, co-facilitate groups, provide consultation to interdisciplinary teams, and conduct outpatient psychological assessments. Numerous medical staff, including physicians, nurses, pharmacists, psychologists, psychiatrists, and social workers are available to consult with residents as needed. A focus of treatment is often chronic disease and psychological disorders, including depression, anxiety, posttraumatic stress, and addiction. Residents are provided with trainings opportunities that become more challenging and with greater expectations for autonomy over the course of the year.

Residents will participate in didactics as part of the UW Psychology Internship Program, Family Medicine Residency Program, and the Integrated Care Training Program in Psychiatry & Behavioral Sciences (ICTP) in Psychiatry and Behavioral Sciences. Residents will also be expected later in the year to contribute to presenting didactics in Family Medicine and ICTP. Residents may also attend a portion of the UW Psychiatric Addiction Case Conference series and present a case for consultation. Opportunities will be available to work with ICTP.
psychiatry fellows throughout the year and to participate in other Collaborative Care consultations outside the FMCs.

**Supervision**
Residents will be primarily supervised by faculty psychologists, some of whom attend directly in the FMCs. Supervision will include 2 hours of face to face individual supervision, as well as supervision received during precepting time with supervisors directly in the clinic, for a total of 4 hours per week. Psychology supervisors are available as-needed as well. Additional ongoing informal supervision is also provided by the attending psychiatrists who attend in the FMCs.

**APPLICATION PROCEDURES AND ELIGIBILITY**

**2019-2020 Application year**

*Please review the following instructions carefully.*

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

**Our deadline for applications is NOVEMBER 1, 5:00 PM, PST.**

**Application Instructions:**
As part of your APPIC application, the applicant must submit a cover letter.

The cover letter is used to identify the specific track or tracks to which applicants are applying. The applicant may identify up to 3 tracks. Candidates are evaluated by each track separately.

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

- [Cover letter - all tracks](#)
### Cover Letter Instructions

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

- Specify which of our 5 tracks (general adult, behavioral medicine, rehabilitation neuropsychology, integrated primary care and general child) you are applying. **Please choose no more than 3 tracks.**
- A brief overview of your past experience with evidence-based treatment approaches (you may use commonly accepted acronyms to list specific approaches, e.g., CBT, DBT, ACT, BA, etc.). *If applicable to you,* please also describe your experience with suicide risk assessment and management.
- Your clinical goals for internship, and how the training experiences (i.e., the specific rotations) offered by each of your specified tracks can help you meet them.
- Your overall program of research, including what you envision are the “next steps” in your research that you might pursue during your internship year. If you are interested in the grantsmanship seminar, describe how the seminar would help you achieve your research goals.
- Your long-term career goal(s). When discussing your career goal(s), please address the ratio or “mix” of teaching, clinical service, and research that would be ideal for you.

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

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

Applicants must:

- have completed at least three years of graduate study by the internship start date, 7/1.
- be in good standing in an APA or CPA accredited, scientist-practitioner or clinical scientist Ph.D. program in clinical, counseling, or "combined" psychology.
- have completed comprehensive examinations and have an approved dissertation proposal by the deadline for application to the internship.

Guidelines

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

Application Materials

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

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

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

- Integrated Primary Care  
  (APPIC/NMS program code = 161911)
- General Child Psychology  
  (APPIC/NMS program code = 161912)
- General Adult Psychology  
  (APPIC/NMS program code = 161913)
- Behavioral Medicine  
  (APPIC/NMS program code = 161914)
- Rehabilitation Neuropsychology  
  (APPIC/NMS program code = 161915)

Ratings of Applicants

Our psychology resident selection process is designed to ensure a fair review of all applications. Applications are rated independently by at least two faculty psychologists. Ratings are made on the quality of academic and clinical training and performance, research potential, personal characteristics, and the apparent goodness of fit between the applicant's interests and our program.

We will make every effort possible to notify applicants of their status as soon as possible. Please, do not email or call the program to inquire about your application status unless you think there is a problem. Response time for about a week after the application deadline will be slow as we process applications.

Open House

Applicants still under consideration after December 4th will be invited to our Open House / Interviews to be held on Friday, January 4, 2019. You will receive an e-mail with your invitation and Open House information. We coordinate our Open House date with other APA approved internships in this vicinity (e.g., Seattle VA and Western State Hospital).

If you are invited, we encourage you to come to Open House so that you can get the best possible information about our program and how it might fit your training needs. We offer individual appointments with faculty the afternoon of Open House. We do not require applicants to attend Open House or to participate in personal interviews in order to match with us. However, we would like the opportunity to meet with applicants under consideration, either by phone or Skype, prior to submitting ranking lists.
This will provide applicants with more information about the program in terms of their individual interests and needs, and allow us to get to know applicants better to evaluate the "goodness of fit" with our program in terms of applicant training interests, background and goals. Just as applicants take all available information into account in ranking programs, all contacts with applicants (including individual meetings) during Open House or in other contexts provides information that we as a program may use in determining rankings of applicants. This Internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any psychology resident applicant.

**Open House Faculty Appointments**

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

Appointments will be offered during the afternoon of Open House, 1/4/19. Please contact the following individuals in order to schedule your faculty appointments:

- **Adult Track Contact:** Track coordinator, Michele Bedard-Gilligan, Ph.D. at mab29@uw.edu AFTER December 14th but no later than December 21st.
- **Behavioral Medicine Track Contact:** Administrative Coordinator, Victoria Vassall, vassall@uw.edu AFTER December 15th but no later than December 21st. For questions about the Behavioral Medicine Track, please contact Ivan Molton, Ph.D., one of the track coordinators, at imolton@uw.edu.
- **Child Track Contact:** Track coordinator, Jesse Bledsoe, Ph.D. at jesse.bledsoe@seattlechildrens.org, no later than December 21st.
- **Rehabilitation Neuropsychology Track Contact:** Track coordinator, Ivan Molton, Ph.D. at imolton@uw.edu, no later than December 21st.
- **Integrated Primary Care Track Contact:** Track coordinator, Kari Stephens, Ph.D. at kstephen@uw.edu, no later than December 21st.

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

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

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

Matched candidates are notified of acceptance in accordance with APPIC
guidelines, via the APPIC Internship Matching Program. For information on
the National Matching Service please see http://www.natmatch.com/. This
Internship site agrees to abide by the APPIC policy that no person at this
training facility will solicit, accept, or use any ranking-related information
from any psychology resident applicant.

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