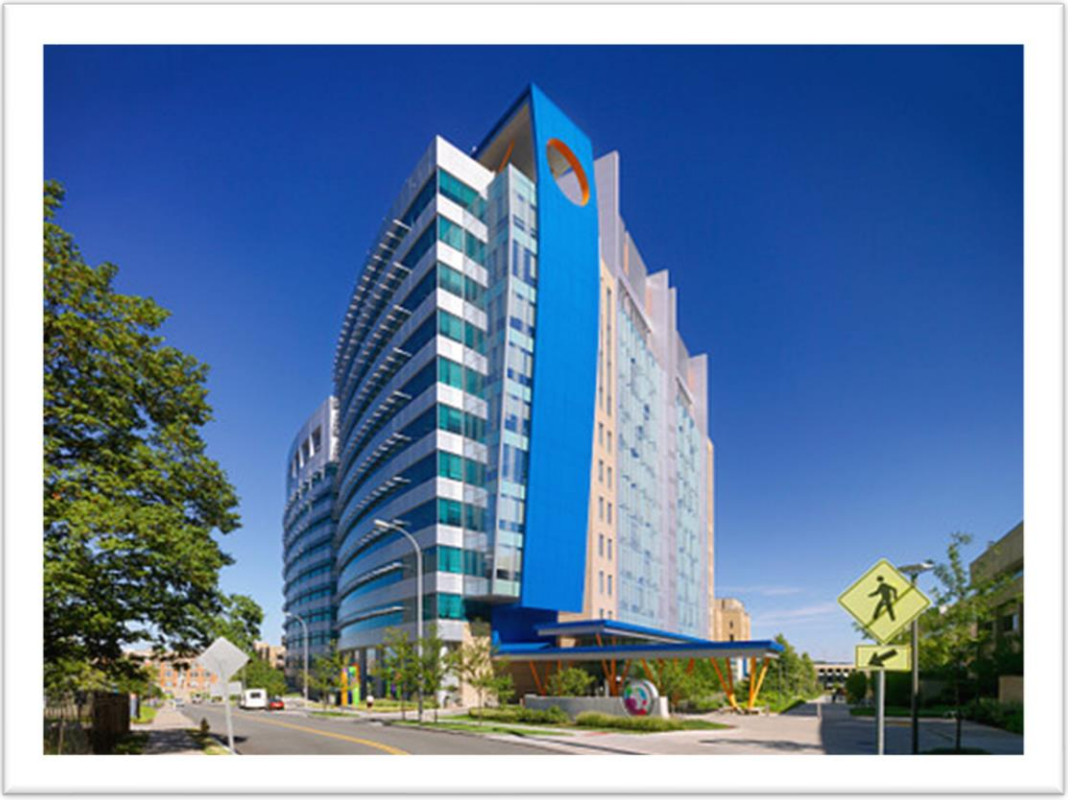
Cincinnati Children's Hospital Medical Center

Division of Behavioral Medicine & Clinical Psychology

The O'Grady Residency in Psychology

2026 – 2027



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Background

The Division of Behavioral Medicine and Clinical Psychology (BMCP) at Cincinnati Children's Hospital Medical Center (CCHMC) promotes the development of evidence-based therapies through research and use of current best practices in caring for patients and families. Psychologists within BMCP are committed to cultivating a culture that values an inclusive environment; see appendix for Inclusion and Health Excellence initiatives within the division. Within the medical center, psychologists provide behavioral and mental health assessment and treatment in outpatient and intensive outpatient settings, interdisciplinary care in subspecialty medical clinics, consultation-liaison on the medical inpatient floors, program development, training, coaching, and support in the psychiatric inpatient setting, and prevention-based services to children and adolescents with acute and chronic health and mental health conditions. Psychologists also provide psychological assessment, diagnostic work-up and treatment for a variety of disorders such as Attention Deficit-Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD) Depression, Anxiety, Oppositional Defiant Disorder, and Adjustment Disorder, and group behavioral treatment for parents of children with ADHD and teens with ADHD. Furthermore, psychologists offer a variety of specialty programs, including neuropsychological and inpatient psychiatric assessment, along with biofeedback. Through training, research and clinical service, faculty and staff strive to provide a model of psychology research and practice in the context of child health and community partnership.

Program Description

The O'Grady Residency in Psychology at CCHMC, an APA-accredited psychology doctoral internship program, offers supervised clinical, research, supervision, and didactic training to prepare advanced doctoral students of applied psychology for the practice of professional psychology. The primary aim of the program is to assist the resident in developing the skills needed to work competently with diverse child clinical and pediatric populations. The internship is accredited by the American Psychological Association (APA)'s Commission on Accreditation, is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), and abides by APPIC policies, including compliance with the requirements of the annual "match" process hosted by National Matching Services Inc. Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street NE
Washington, DC 20002
202-336-5979
apaaccred@apa.org

Our Vision

We aspire to train doctoral residents who will obtain positions in academic medical, university, or clinical settings. Thus, our vision is: "Today's trainees…tomorrow's leaders: Graduates of the O'Grady Residency will develop distinguished careers in evidence-based clinical care, research and advocacy in behavioral medicine and clinical psychology."

Our Mission

To prepare future leaders in psychology through excellent training in evidence-based clinical care, research, supervision, and advocacy. The O'Grady Residency in Psychology at CCHMC is committed to:

- Providing the highest quality of supervision and training
- Fostering the development of candidates from a wide range of backgrounds
- Serving the needs of children, adolescents, and their families in the community

Training Philosophy

The program is committed to a scientist-practitioner model of training where clinical practice is informed by evidence and research is generated by the desire to improve the care of children and families. Training includes supervised clinical, research, supervision, and didactic experiences where cultural competence is valued. In effect, advanced doctoral students are prepared for the practice of health service psychology. Training emphasizes developmental, interdisciplinary, outcome-focused, and family-centered approaches and a scientific basis for psychological assessment and treatment.

Approaches to Training

The O'Grady Residency in Psychology provides a supportive experiential environment and training which is sequential, cumulative, and built on the strengths of the resident. The program is committed to training residents who will be able to function independently as professional psychologists. We realize that residents enter our setting with unique strengths and areas of growth. We also understand residents progress at different rates in each training component (e.g., assessment, therapy, consultation, research, and supervision) throughout the year. As such, we use a developmental approach to supervision and evaluation. Supervisors conduct an informal baseline competency assessment of each resident during the first few weeks of a new rotation. They also set individual goals with each resident at the beginning of each rotation or training activity, typically every four to six months. The evaluation process is designed to reflect this developmental perspective as well. Typically, residents are rated at the 2 to 3 range (beginner and progressing) initially and progress to the 4 to 5 range (competent and advanced) across the training year. Written comments on the evaluation forms by supervisors also reflect this developmental perspective by focusing on areas of strength and areas yet to be mastered. When a resident receives a rating that is below minimal levels of achievement for a competency at the mid-year or exit evaluations, a specific training plan for the resident is developed in consultation with the Training Director, the Associate Training Director, appropriate supervisors, and the resident.

Training Structure

Approximately forty doctoral-level psychologists participate in training the psychology residents. The program is organized within BMCP at CCHMC, an internationally recognized pediatric facility. Training includes supervised clinical, research, supervision, and didactic experiences. As noted in the table below, training activities are designed to assist with developing skills to obtain the required competencies. Residents participate in year-long activities (e.g., outpatient therapy, applied research experience) and rotate through five to six additional training experiences. Each rotation lasts 6 months and only one resident participates in the rotation at a time, with the exception of the Sleep and Epilepsy rotations (1 behavioral medicine and 1 child clinical resident). All residents will have opportunities for instruction and/or experience in cognitive-behavioral therapy, and interdisciplinary treatment/assessment. Depending on the tracks that the residents are matched to, residents will also have opportunities for experiences in medical clinic and inpatient consultation-liaison, adherence,

biofeedback, parent-child interaction therapy, DBT, pain control, trauma-informed care, family-based therapy for eating disorders or program development.

Training Aims

Aim 1: To train residents to plan, conduct, and interpret a valid, reliable, and comprehensive psychological assessment of children, youth, and their families.

Objectives:

- To demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, understanding of contextual factors impacting human behavior, and consideration of patient strengths and psychopathology.
- To demonstrate knowledge of measurement selection and administration of psychometrically-sound psychological/neuropsychological assessments stemming from relevant empirical literature utilizing a multi-method, multi-sourced battery that appropriately addresses the referral or research question in a culturally sensitive manner.
- To interpret and apply assessment data in accordance with current literature and professional standards, distinguishing subjective versus objective measures, to inform case conceptualization, diagnostic classification, and subsequent recommendations in the context of various backgrounds and human development and minimizing decision-making biases.
- To communicate assessment results and implications in written and verbal form clearly, constructively, and accurately in an appropriate and sensitive manner to a range of audiences.

Aim 2: To train residents to systematically and efficaciously treat a wide range of psychological conditions affecting children, youth, and their families.

Objectives:

- To establish and maintain effective relationships with the recipients of services.
- To independently apply case conceptualizations to identify and implement evidence-based interventions informed by current science, assessment data, and an understanding of different perspectives and backgrounds and contextual factors that are well-timed, effective, flexible, and target presenting concerns.
- To independently evaluate intervention progress based on updated literature and clinical need and modifies as warranted with identified established outcomes.

Aim 3: To train residents to have a scientific foundation of clinical psychology and apply scientific knowledge to research execution.

Objectives:

- To demonstrate advanced knowledge of psychological science that is manifested by the ability to critically analyze research.
- To engage in research activities defined collaboratively by the research mentor and resident.
- To develop and implement a plan for research resulting in a scientific product.

Aim 4: To train residents to interact professionally and responsibly with colleagues from other disciplines and patients/families.

Objectives:

- To determine various consultative roles given clinical circumstances and modify roles according to referral

need.

- To demonstrate knowledge of and ability to use contextually appropriate methods to gather/assess data to answer consult-based referral questions.
- To apply literature/knowledge to execute evidence-based assessment and consultation services that are well-timed, effective, and addresses the needs of the referring provider.
- To independently interact with professionals from other disciplines and integrate consultation impressions into recommendations and provide feedback to medical teams.

Aim 5: To provide residents with the professional skills needed to function as professional psychologists.

Objectives:

- To independently demonstrate integrity and professional values with others and integrate information gained to optimize clinical care, research, and professional interactions.
- To accept personal accountability in professional practice and conducts self in a professional manner.
- To integrate science and practice, to engage in lifelong learning, and to demonstrate increased independence in complex situations across internship.
- To independently act to safeguard the welfare of others.
- To accurately self-assess competence in all competency areas.
- To monitor self-care and intervene accordingly.
- To seek and demonstrate openness and responsiveness to feedback and supervision.
- To demonstrate knowledge of American Psychological Association Ethical Principles and Code of Conduct, along with Ohio Psychology Law.
- To independently make decisions and apply knowledge of ethical, legal, and professional standards and principles to guide professional work and conduct across all competencies.

Aim 6: To train residents to provide psychological services in a manner that is sensitive to cultural and individual differences.

Objectives:

- To understand own personal/cultural history and biases, engage in action oriented self-reflection, and to demonstrate awareness of others' worldviews and how they may affect interactions with people different from themselves, including colleagues and children/families from a wide range of backgrounds.
- To demonstrate theoretical and empirical knowledge to inform culturally sensitive interactions in all observed professional activities (i.e., clinical care, research, supervision, and professionalism).
- To demonstrate ability to work effectively with a wide range of individuals whose group membership, demographic characteristics, or worldviews may differ from their own backgrounds, values, or worldviews.

Aim 7: To train residents to understand supervision theoretical knowledge, ethics, expectations, and roles.

Objectives:

- To understand the ethical, legal, and contextual issues of the supervisory role.
- To demonstrate and apply knowledge of supervision models and roles during direct or simulated practice.
- To apply professional reflection in clinical relationships with supervisors, peers, or patients/families and provide appropriate feedback and guidance.

TRAINING AIMS, ACTIVITIES, PROFESSION-WIDE COMPETENCIES (PWCs), AND INTENDED OUTCOMES				
Training Aims	**Training Activities**	**PWC Alignment**	**Competency Measurement**	**Intended Outcomes**
AIM 1: ASSESSMENT				
▪ To demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, understanding of contextual factors impacting human behavior, and consideration of patient strengths and psychopathology. ▪ To demonstrate knowledge of measurement selection and administration of psychometrically-sound psychological/neuropsychological assessments stemming from relevant empirical literature utilizing a multi-method, multi-sourced battery that appropriately addresses the referral or research question in a culturally sensitive manner. ▪ To interpret and apply assessment data in accordance with current literature and professional standards, distinguishing subjective versus objective measures, to inform case conceptualization, diagnostic classification, and subsequent recommendations in the context of various backgrounds and human development and minimizing decision-making biases. ▪ To communicate assessment results and implications in written and verbal form clearly, constructively, and accurately in an appropriate and sensitive manner to a range of audiences.	▪ Participate in all rotation requirements. ▪ Attend all required didactics, which include multiple didactics focusing on assessment. ▪ Attend Training Director Meetings where assessment is informally discussed. ▪ Participate in any additional assessment training. ▪ Openly discuss conducting assessments, along with seeking consultation, with supervisors on all rotations. ▪ Electively attend additional didactics, trainings, and presentations that are offered by the institution. ▪ Didactics covering competency	Competency: 1, 2, 3, 4, 5, 8 **Mid-Year MLA: A rating of 3 on all competencies** **Final/Exit MLA: A rating of 4 on 90% of all elements and no lower than one rating of 3 in any of the 9 competencies**	▪ Responsiveness to supervision ▪ Direct observation ▪ Review of test scoring ▪ Audio/visual recording ▪ Case presentation ▪ Review of written notes and reports ▪ Review of cases (i.e., type and variety) ▪ Comments from other staff and families ▪ Review of clinical measures and outcomes ▪ Discussion of clinical interactions ▪ Comments from patients	▪ Conduct a minimum of 6 assessments ▪ All progress notes countersigned by a supervisor ▪ At minimal, 8 different patient referral questions/ presenting concerns across a diverse sociodemographic population ▪ Meet associated competency MLAs

Training Aims	Training Activities	PWC Alignment	Competency Measurement	Intended Outcomes
AIM 2: INTERVENTION				
▪ To establish and maintain effective relationships with the recipients of services. ▪ To independently apply case conceptualizations to identify and implement evidence-based interventions informed by current science, assessment data, and an understanding of different perspectives and backgrounds and contextual factors that are well-timed, effective, flexible, and target presenting concerns. ▪ To independently evaluate intervention progress based on updated literature and clinical need and modifies as warranted with identified established outcomes.	▪ Participate in all rotation requirements. ▪ Attend all required didactics, which include multiple didactics focusing on treatment protocols and interventions. ▪ Attend Training Director Meetings where intervention/treatment is informally discussed. ▪ Review EBTs for children and youth with psychological disorders, particularly when addressing new psychological disorders. ▪ Openly discuss providing psychological treatment, along with seeking consultation, with supervisors on all rotations. ▪ Electively attend additional didactics, trainings, and presentations that are offered by the institution. ▪ Didactics covering competency	Competency: 1, 2, 3, 4, 6 **Mid-Year MLA: A rating of 3 on all competencies** **Final/Exit MLA: A rating of 4 on 90% of all elements and no lower than one rating of 3 in any of the 9 competencies**	▪ Direct observation ▪ Research ▪ Audio/visual recording ▪ Case presentation ▪ Review of written notes and reports ▪ Comments from other staff and families ▪ Review of clinical measures and outcomes ▪ Discussion of clinical interactions ▪ Comments from patients	▪ At least 8 different patient referral questions/ presenting concerns across a diverse sociodemographic population ▪ All progress notes countersigned by a supervisor ▪ Attends weekly supervision ▪ Meets associated competency MLAs

Training Aims	Training Activities	PWC Alignment	Competency Measurement	Intended Outcomes
AIM 3: RESEARCH				
▪ To demonstrate advanced knowledge of psychological science that is manifested by the ability to critically analyze research. ▪ To engage in research activities defined collaboratively by the research mentor and resident. ▪ To develop and implement a plan for research resulting in a scientific product.	▪ Weekly participation in a yearlong research rotation (6 hours per week) ▪ Identification of a research project with their assigned research mentor. Execution includes generating academic output with a minimal requirement of an abstract at a national conference ▪ Weekly attendance at didactic seminars where scholarly inquiry is demonstrated and modeled ▪ Quarterly attendance at division-wide grant review meetings, *Psychology Research Group* ▪ Attend division-wide colloquia (i.e., faculty clinical research presentations, fellow job talks) where scholarly inquiry is demonstrated and modeled ▪ Review of peer-review manuscripts submitted to journals for publication ▪ Didactics covering competency	Competency: 1, 2, 3, 4 **Mid-Year MLA: A rating of 3 on all competencies Final/Exit MLA: A rating of 4 on 90% of all elements and no lower than one rating of 3 in any of the 9 competencies**	▪ Discussion of research ▪ Review of scientific writing ▪ Review of data management and analysis ▪ Research abstract submission at a national conference	▪ Peer-reviewed abstract or manuscript submitted ▪ Attends weekly supervision ▪ Meet associated competency MLAs

Training Aims	Training Activities	PWC Alignment	Competency Measurement	Intended Outcomes
AIM 4: COMMUNICATION/CONSULTATION				
▪ To determine various consultative roles given clinical circumstances and modify roles according to referral need. ▪ To demonstrate knowledge of and ability to use contextually appropriate methods to gather/assess data to answer consult-based referral questions. ▪ To apply literature/knowledge to execute evidence-based assessment and consultation services that are well-timed, effective, and addresses the needs of the referring provider. ▪ To independently interact with professionals from other disciplines, integrate consultation impressions into recommendations, and provide feedback to medical teams. ▪ To demonstrate effective interpersonal skills, including the ability to manage difficult conversations, and develop collaborative relationships with a wide range of individuals. ▪ To deliver and understand verbal, nonverbal, and written communications that are informative, articulate, concise, collaborative, and demonstrative of professional constructs.	▪ Participate in all rotation requirements. ▪ Attend all required didactics, which include consultation with other health professionals. ▪ Attend Training Director Meetings. ▪ Openly discuss consultative experiences with all rotation supervisors. ▪ Electively attend additional didactics, trainings, and presentations that are offered by the institution. ▪ Didactics covering competency ▪ Openly discuss effectiveness of communication and interpersonal skills with supervisors on all rotations. ▪ Consult within subspecialty clinics ▪ Observe supervisors who provide professional models of interactions with patients and staff. Then, they provide co-consultations and eventually operate semi-autonomously in clinics	Competency: 1, 2, 3, 4, 5, 6, 8 **Mid-Year MLA: A rating of 3 on all competencies** **Final/Exit MLA: A rating of 4 on 90% of all elements and no lower than one rating of 3 in any of the 9 competencies**	▪ Direct observation ▪ Research ▪ Audio/visual recording ▪ Case presentation ▪ Review of written notes and reports ▪ Comments from other staff and families ▪ Review of clinical measures and outcomes ▪ Discussion of clinical interactions ▪ Comments from patients	▪ The resident will consult with at least three different medical/community providers ▪ All progress notes are countersigned by a supervisor ▪ Attend weekly supervision ▪ Meets associated competency MLAs

Training Aims	Training Activities	PWC Alignment	Competency Measurement	Intended Outcomes
AIM 5: ETHICS/PROFESSIONALISM				
▪ To independently demonstrate integrity and professional values with others and integrate information gained to optimize clinical care, research, and professional interactions. ▪ To be accountable in professional practice and conduct self in a professional manner. ▪ To integrate science and practice, engage in lifelong learning, and demonstrate increased independence in complex situations across internship. ▪ To independently act to safeguard the welfare of others. ▪ To accurately self-assess competence in all competency areas. ▪ To monitor self-care and intervene accordingly. ▪ To seek and demonstrate openness and responsiveness to feedback and supervision. ▪ To demonstrate knowledge of American Psychological Association Ethical Principles and Code of Conduct, along with Ohio Psychology Law. ▪ To independently make decisions and apply knowledge of ethical, legal, and professional standards and principles to guide professional work and conduct across all competencies.	▪ Participate in all rotation requirements. ▪ Attend all required didactics, which include multiple didactics focusing on professionalism. ▪ Attend Training Director Meetings where professionalism is informally discussed. ▪ Openly discuss professionalism, along with seeking consultation, with supervisors on all rotations. ▪ Electively attend additional didactics, trainings, and presentations that are offered by the institution. ▪ Participation in seminars on ethics ▪ Attendance at Training Director Meeting that covers Ohio Psychology Law ▪ Case conference presentation ▪ Openly discusses ethical concerns and seek consultation with supervisors on all rotations ▪ Didactics covering competency	Competency: 1, 2, 3, 4, 5, 6, 7, 8, 9 **Mid-Year MLA: A rating of 3 on all competencies** **Final/Exit MLA: A rating of 4 on 90% of all elements and no lower than one rating of 3 in any of the 9 competencies**	▪ Direct observation ▪ Research ▪ Audio/visual recording ▪ Case presentation ▪ Review of written notes and reports ▪ Comments from other staff and families ▪ Review of clinical measures and outcomes ▪ Discussion of clinical interactions ▪ Comments from patients ▪	▪ All progress notes are countersigned by a supervisor ▪ Attend weekly supervision ▪ Meets associated competency MLAs ▪ Residents must attend the didactics on supervision, professional development, ethics or receive materials from presentation ▪ Resident is required to attend at least 4 case conferences or receive materials ▪ Resident is required to present at least 1 formal case presentation ▪ Meets associated competency MLAs

Training Aims	Training Activities	PWC Alignment	Competency Measurement	Intended Outcomes
AIM 6: Cultural Competence				
▪ To understand own personal/cultural history and biases, engage in action-oriented self-reflection, and demonstrate awareness of others' worldviews and how they may affect interactions with people different from themselves, including colleagues and children/families from a wide range of backgrounds. ▪ To demonstrate theoretical and empirical knowledge to inform culturally sensitive interactions in all observed professional activities (i.e., clinical care, research, supervision, and professionalism). ▪ To demonstrate ability to work effectively with a wide range of individuals whose group membership, demographic characteristics, or worldviews may differ from their own backgrounds, values, or worldviews.	▪ Participate in all rotation requirements. ▪ Attend all required didactics, which include multiple didactics focusing on cultural differences. ▪ Attend Training Director Meetings where cultural competence is addressed ▪ Attend Training Excellence didactic series. ▪ Openly discuss cultural differences, along with seeking consultation, with supervisors on all rotations. ▪ Electively attend additional didactics, trainings, and presentations that are offered by the institution. ▪ Didactics covering competency	Competency: 1, 2, 3, 4, 5, 6, 7, 8, 9 **Mid-Year MLA: A rating of 3 on all competencies Final/Exit MLA: A rating of 4 on 90% of all elements and no lower than one rating of 3 in any of the 9 competencies**	▪ Direct observation ▪ Research ▪ Audio/visual recording ▪ Case presentation ▪ Review of written notes and reports ▪ Comments from other staff and families ▪ Review of clinical measures and outcomes ▪ Discussion of clinical interactions ▪ Comments from patients	▪ The resident has written respectful reports that incorporate relevant aspects of cultural competence into the case conceptualization, progress notes or chart notes that are counter signed by supervisors ▪ Attended and/or received didactic readings related to diversity ▪ Meets associated competency MLAs

Training Aims	Training Activities	PWC Alignment	Competency Measurement	Intended Outcomes
AIM 7: SUPERVISION				
▪ To understand the ethical, legal, and contextual issues of the supervisory role. ▪ To demonstrate and apply knowledge of supervision models and roles during direct or simulated practice. ▪ To apply professional reflection in clinical relationships with supervisors, peers, or patients/families and provide appropriate feedback and guidance.	▪ Attend all required didactics in the supervision seminar series ▪ Provide umbrella clinical and research supervision to trainees (i.e., group/peer supervision, case presentation) ▪ Engage in simulate practice of supervision through case vignettes and role playing ▪ Openly discuss providing supervision and approaches to supervision with all supervisors on all rotations ▪ Didactics covering competency	Competency: 1, 2, 3, 4, 7, 8, 9 **Mid-Year MLA: A rating of 3 on all competencies Final/Exit MLA: A rating of 4 on 90% of all elements and no lower than one rating of 3 in any of the 9 competencies**	▪ Direct observation ▪ Research ▪ Audio/visual recording ▪ Case presentation ▪ Review of written supervisory notes and reports	▪ The resident has appropriately participated in umbrella supervision experiences of a practicum student and/or group supervision and simulated case practice as dictated by the supervision seminar series ▪ Attended and/or received didactic readings related to supervision ▪ Meets associated competency MLAs

Description of Training Experiences

Training activities within the O'Grady Residency in Psychologist are split into three tracks: Behavioral Medicine Track, Clinical Child Track, and Acute Care Track. Example overview and weekly schedules can be found in the Appendix.

Behavioral Medicine Track (4 residents)

12-month rotation

Year-Long Outpatients:
The aim of this experience is to allow residents the opportunity to provide longer-term psychological care to children and adolescents with co-occurring medical disorder(s) and emotional or behavioral concerns. Efforts are made to ensure that residents increase in cultural competence and the practice of evidence-based treatments by working with children and adolescents with various backgrounds who have a variety of medical conditions (e.g., epilepsy, dermatological problems, GI problems, solid organ transplant, obesity, rheumatological conditions, chronic pain, functional neurological symptom disorder, feeding concerns and more). Residents will also provide outpatient therapy to children and adolescents with internalizing and/or externalizing disorders.
***Supervisors*:** *Matt McCann, Psy.D., Jillian Austin, PhD, Kimberly Barnett, Ph.D, Shivali Sarawgi, Ph.D., Alex Nyquist, Ph.D., Sanita Ley, Ph.D, & Caitlin Wesley, Psy.D.*
Location: *Main Hospital Campus*

Training Objectives:
1. To conduct a psychological assessment of children and adolescents referred for outpatient therapy using a biopsychosocial framework.
2. To provide outpatient therapy services using evidence-based assessment and treatment approaches, including cognitive-behavioral, behavioral, motivational interviewing, acceptance and commitment therapy, and more.
3. To gain experience treating a variety of populations (e.g. age, sex, socioeconomic status, race, sexual orientation), and enhance ability to provide tailored care.

6-month ranked major rotations

Resident will complete 2 of the following based on their interests and ranked preferences

Sleep Disorders Center:
The Sleep Disorders Center at Cincinnati Children's Hospital Medical Center offers interdisciplinary assessment and management to help children with sleep problems get the sleep they need to stay healthy. Pediatric behavioral sleep medicine training is provided within the context of Cincinnati Children's Society of Behavioral Sleep Medicine (SBSM) accredited Behavioral Sleep Medicine (BSM) Training Program. Our BSM training site is one of 19 accredited programs and the only accredited BSM program dedicated solely to Pediatric Behavioral Sleep Medicine. (https://www.behavioralsleep.org/index.php/sbsm-educational-opportunities/accredited-fellowship-programs). Graduates meeting hourly requirements (500 hours in behavioral medicine plus 500 hours in behavioral sleep medicine; https://behavioralsleep.org/images/pdf/BSMaccreditationapplication.pdf) earn a certificate of recognition for accredited BSM training that meets eligibility criteria for taking the Diplomate in Behavioral Sleep Medicine board examination. Psychology trainees participating in the Sleep Disorders Center rotation work primarily in the Behavioral Sleep Medicine Clinic (BSMC) that is staffed by psychologists and psychology trainees. Patients seen in

the BSMC represent pediatric populations that may have comorbid medical and psychiatric conditions or may present with a sleep disturbance as their sole complaint. Empirically supported assessment and treatment approaches are used to treat a broad range of sleep disorders including but not limited to insomnia, parasomnias, and circadian rhythm disorders. In addition, Behavioral Medicine residents have the opportunity to evaluate patients with medically complicated insomnia, parasomnias and hypersomnia in the Neurobehavioral Sleep Clinic (attendings from Neurology and Behavioral Sleep Medicine). Residents also provide consultation to children with sleep disordered breathing treated with positive airway pressure (PAP) in the multidisciplinary CPAP Clinic. Depending on the clinical needs of the patient, children referred to the Sleep Disorders Center are seen by a pediatric sleep psychologist and/or a board-certified sleep physician (pulmonologist, neurologist or otolaryngologist). Children with behavioral insomnia, parasomnias, and circadian rhythm disorders are referred to the BSMC. In cases when children have both psychological and medical concerns, they will be seen by both a psychologist in the BSMC and a physician in the Sleep Apnea Clinic, Complex Obstructive Sleep Apnea Center (COSA), or Sleep Disorders Clinic. Children with suspected neurologic and psychological mechanisms for their sleep disruption are most likely seen in the Neurobehavioral Sleep Clinic. Experiences working in the CPAP Clinic allow the resident to address adherence to medical therapy for obstructive sleep apnea. A sleep assessment always includes a thorough clinical history that considers individual and family differences of patients based on age, gender, race, ethnicity, sexual orientations, national origin, disability or socioeconomic status in conjunction with administration of prospective measures of sleep. All patients are introduced to sleep hygiene guidelines and typically require cognitive-behavioral intervention using empirically supported treatments. Behavioral Medicine residents have the opportunity to take on independent outpatient treatment cases under the supervision of a licensed pediatric sleep psychologist. As part of the residents BSM training, they participate in weekly didactic seminars (Sleep Core Lectures and Behavioral Sleep Medicine Seminar) focused on pediatric sleep disorders evaluation and management.
Primary Supervisors: *Kelly Byars, Psy.D. DBSM, ABPP & Kristina Decker, Ph.D.*
Location: *Main Hospital Campus (primarily) and Green Township Campus (once a month: ~25 minute drive from main hospital)*

Training Objectives:
1. To understand the normative development of sleep from infancy through adolescence and to appreciate individual and family differences related to sleep health and sleep practices.
2. To understand various presentations of disordered sleep including both primary sleep disorders and behavioral insomnia.
3. To learn the standards of clinical practice for sleep assessment.
4. To gain proficiency assessing sleep problems in children and delivering timely and effective communication to families and referring physicians regarding clinical impressions and a treatment plan.
5. To gain proficiency in providing cognitive behavioral interventions using evidenced based practice guidelines that are sensitive to unique individual and family differences and preferences for treatment.

Inpatient Medical Consultation-Liaison Service:
The Division of Behavioral Medicine & Clinical Psychology provides a Behavioral Medicine Consultation-Liaison (C-L) Service for pediatric inpatients and their families. All C-L Service consults involve **evaluation** of behavioral, emotional, cognitive, or social/cultural/familial factors that are related to medical presentation and the referral concern and **consultation**, during which C-L consultants advise the medical team and other health care providers on those psychosocial factors impacting patient presentation. Evidence-based patient-centered and/or team-centered **interventions** for child and family are developed and implemented as indicated. **Liaison services** are also provided, during which consultants meet with teams to educate on psychosocial issues. When appropriate, C-L consultants will provide information about appropriate **outpatient referrals**. Common consult concerns include

adjustment to chronic illness or new diagnosis, adherence to medical regimens, struggle meeting inpatient goals for recovery/discharge, and coping with pain and hospitalization. Interventions are multi-disciplinary, involving the C-L psychologist and residents, as well as Medical House Staff, Nursing, OT, PT, Speech, Child Life, Pastoral care, & Respiratory Therapy. Evidence-based practice is utilized, with most focused interventions following a cognitive-behavioral model. The residents will have an opportunity to work with a variety of multidisciplinary teams, including but not limited to GI/Liver, Surgery, General Pediatrics, Rehab, Cardiology, Intensive care units, Neurology.
Primary Supervisors: *Katherine Bedard-Thomas, Ph.D.*
Location: *Main Hospital Campus*

Training objectives:
1. To become familiar and comfortable in practicing psychological assessment and intervention within a "medical culture".
2. To provide high-quality evidenced-based practice for a variety of common behavioral medicine issues within the hospitalized pediatric population.
3. To become more effective and efficient in communicating (oral and written) with multi-disciplinary team members.

Pain Management Rotation:
The primary aims of the Pain Rotation are to become competent at the assessment, conceptualization, treatment planning, and treatment of children, adolescents and young adults with chronic pain conditions. The primary assessment experience occurs in the Division of Pain Management (Pain Management Clinic)—a multidisciplinary clinic at the CCHMC Green Township location staffed by pediatric anesthesiologists trained in pain management, pain medicine fellows, a physical therapist, nurses and a BMCP pain psychologist. Common conditions seen in clinic include: chronic abdominal pain, back pain, joint pain related to joint injuries and/or joint hypermobility, pelvic pain, pain related to diseases/medical conditions, widespread musculoskeletal pain, and neuropathic pain related to injuries or surgeries. The clinic adopts a rehabilitative approach and treatment recommendations focus on improving function, improving coping skills, restoring dysregulated lifestyle habits (i.e., sleep, exercise, hydration), improving mood dysregulation, reducing pain catastrophizing and fear of movement, and addressing additional comorbid psychosocial factors associated with chronic pain. Further, treatment incorporates behavioral guidance for parents as well as developing school coping plans. By the end of the rotation, the resident will be competent to independently conduct a psychological evaluation, deliver feedback to families and the treatment team, and write a comprehensive evaluation report while considering the unique needs, culture, and background of each patient.

As for treatment, residents will provide pain-focused cognitive behavioral therapy in BMCP. Outpatient treatment cases include those assessed in the Pain Management Clinic and/or patients referred directly to BCMP for outpatient therapy. Treatment focuses on learning to provide evidence-based care in a personalized manner that focuses on adapting strategies to the unique needs of the patient and their family. The resident will have the opportunity to participate in the monthly Pain Psychology staff meeting for the Outpatient Behavioral Pain Management Service to interact with other pain psychologists related to cases, program development, and professional issues. Supervision is provided in a developmental manner from a CBT framework.
Supervisor: *Anne Lynch-Jordan, Ph.D.*
Location: *Main Hospital Campus (primarily) and Green Township Campus (twice a week; ~25 minute drive from main hospital)*

Training Objectives:
1. To become competent in the multidisciplinary assessment of chronic pain in children, adolescents, and young

adults.
    a. To develop independent skills in assessment of chronic pain with consideration of the unique characteristics of the patient and family, to provide verbal and written conceptualization of these factors as they relate to chronic pain, and to develop relevant patient-specific treatment plans.
2. To implement evidence-based treatment for pediatric chronic pain including cognitive behavioral therapy (coping skills training) for the management of a variety of recurrent and chronic pain problems in children and adolescents. To deliver treatment in a sensitive and developmentally appropriate manner.
3. To collect, interpret, and utilize evidence-based clinical outcome measures to inform assessment and treatment.
4. To become an independently contributing member of the Pain Clinic team and to engage with the team in a professional manner.

Gastrointestinal (GI) Psychology Service:
The GI psychology service provides psychological assessment and treatment to children with a broad range of GI concerns including inflammatory bowel disease (e.g., ulcerative colitis, Crohn's disease or indeterminate colitis, irritable bowel syndrome, functional dyspepsia, functional abdominal pain, cyclic vomiting syndrome, etc.), and constipation/toileting concerns. Training opportunities for the psychology residents include serving as a part of the multidisciplinary clinical team for the inflammatory bowel disease (IBD) program and disorders of gut-brain interaction (DGBI) program, as well as seeing outpatients with a variety of GI-related concerns for individual or family psychotherapy. The IBD program is a multidisciplinary service that includes gastroenterologists, specialty nurses, nutritionists, social workers and pediatric psychologists. The psychologist plays an integral part in supporting children from initial diagnosis through transition to adult care. The DGBI program is a multidisciplinary service that includes neuro-gastroenterologists, nutritionists, specialty nurses, and a pediatric psychologist. As part of the DGBI program, psychology residents will gain exposure to percutaneous electrical nerve field stimulation (i.e., IB-Stim), a new and exciting treatment for persistent abdominal pain/nausea. The psychology team works with patients and families to provide psychoeducation on how the percutaneous electrical nerve field stimulator works on the nervous system and helps the patient develop pain/nausea coping skills to maximize the improvements seen from IB-Stim treatment.

The primary theoretical approach to services includes Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), and includes standard behavioral approaches to assist the patient in coping with their symptoms and improving overall functioning in health maintenance, family and peer relationships, and full educational participation. Cultural issues are openly discussed within the context of therapy and as they present. The psychology residents will be expected to function as a team member by the end of the 6-month rotation and will be provided with appropriate levels of supervision.
Supervisor: *Megan M. Miller, Ph.D.*
Location: *Main Hospital Campus*

Training Objectives:
1. To obtain experience in understanding the psychosocial burden of GI conditions on children and their family.
2. To develop skills in the coordination of care with the other members of the multidisciplinary team in order to achieve optimal care of the patient.
3. To become comfortable helping patients and families understand the mind-body connection and the role it can play in GI conditions.
4. To implement evidence-based treatment for various GI concerns including cognitive behavioral therapy (e.g. pain coping skills), acceptance and commitment therapy, and behavioral therapy. To deliver treatment in a culturally sensitive and developmentally appropriate manner.

6-month ranked minor rotations

Resident will complete 3 of the following based on their interests and ranked preferences

Headache Center:

The Headache Center at Cincinnati Children's Hospital Medical Center is the largest pediatric headache center in the United States with national and international recognition. The Headache Center is a multidisciplinary clinic -- combining child neurology with behavioral medicine and nursing -- to diagnose, treat and manage children with headache disorders. Residents see children and adolescents with a variety of headache complaints, including migraines, migraines with auras, chronic daily headaches, medication overuse headaches, and tension-type headaches. The Headache Center at Cincinnati Children's has also been designed to develop and expand research into childhood headache disorders by examining new treatment options, improving the characterization of childhood headache and response patterns, and focusing on outcomes such as headache parameters (frequency, intensity, duration) and functional status (disability, quality of life, psychological impact). The primary role for residents in this clinic is to assess and provide behavioral recommendations for patients with headaches when they are seen for an initial visit in the Headache Center and conduct biofeedback-assisted relaxation training for patients with headaches during a follow-up Headache Center visit.

Supervisor: *Shalonda Slater, Ph.D.*

Location: *Main Hospital Campus*

Training Objectives:

1. To obtain an understanding of how an interdisciplinary team evaluates and develops an evidence-based treatment plan for youth with headaches.
2. To aid psychologists with the assessment of lifestyle behaviors and psychosocial factors that contribute to headaches/migraine and provide treatment recommendations for these patients.
3. To apply evidence-based behavioral treatment to youth with headache, specifically biofeedback- assisted relaxation training (BART).
4. To develop skills in BART, including used of biofeedback technology and developmentally- appropriate training in diaphragmatic breathing, progressive muscle relaxation, and guided imagery. Residents typically provide BART to 20 to 30 patients during the course of their training in the Headache Center.

The Functional Independence Restoration (FIRST) Program:

The FIRST program is specialty intensive inpatient pediatric pain rehabilitation program delivering coordinated and concurrent medical management with intensive physical and behavioral therapies to pediatric patients (10 to 17 years old) with complex chronic pain and somatic symptom presentations who are functionally disabled due to pain. The FIRST program operates on a Commission on Accreditation of Rehabilitation Facilities (CARF) accredited inpatient pediatric rehabilitation unit at CCHMC and is only the second inpatient pediatric pain rehabilitation program in the world to achieve this certification. Primary pain concerns include: amplified musculoskeletal pain syndrome (AMPS), complex regional pain syndrome (CRPS), Ehlers-Danlos syndrome (EDS), fibromyalgia, headache/migraine, abdominal pain, and functional neurological disorder (FND).Patients are assessed through the FIRST Evaluation Clinic and patients with ongoing pain and disability, who fail to progress in outpatient therapy, and whose diagnostic testing is complete are candidates for the program.

The FIRST program goal is to normalize patients' activity to premorbid levels of function while increasing self-management and coping skills. Patients follow a structured schedule with both therapist- and patient-led activities. In addition to daily assessment and observation from medical teams (pain management and pediatric rehabilitation physicians, nurse practitioners, nurses), patients receive five hours of daily individual intervention in psychology,

physical therapy, occupational therapy, and school instruction. Patients also receive up to two additional hours of individual and group intervention daily through recreation therapy, massage therapy, music therapy, and child life. Residents will become competent in conceptualization, functional goal setting, and treatment (including pain psychoeducation, coping skill training, behavioral planning, and transition home) of pediatric patients with complex chronic pain and functional neurological symptom presentations in an intensive inpatient treatment program. Residents will collaborate with the interdisciplinary team in providing treatment including having the opportunity to provide psychological intervention concurrently with physical and occupational therapy and developing functional behavioral plans to be used across disciplines. Residents will also have the opportunity to lead parent groups focused on pain education introducing the neurological understanding of pain and functional mechanisms and transitioning home from intensive inpatient rehabilitation.
Supervisor: *Kendra J. Homan, Ph.D.*
Location: *Main Hospital Campus*

Training Objectives:
1. To obtain an understanding of how an intensive inpatient interdisciplinary team treats pediatric patients with complex chronic pain and functional neurological symptom presentations.
2. To develop effective and efficient communication skills in real time with interdisciplinary team members.
3. To collect, interpret, and utilize evidence-based clinical outcome measures to inform treatment.
4. To apply evidence-based behavioral treatment to pediatric patients with complex chronic pain and functional neurological symptom presentations in a culturally sensitive and developmentally appropriate manner.

Diabetes Rotation:
The Diabetes Rotation experience will primarily involve outpatient psychological services provided to patients with type 1 diabetes and their families. Presenting issues typically include adherence challenges and suboptimal glycemic control, adjustment to diabetes, diabetes burnout, and family-based diabetes conflict. Other issues that a resident may encounter on the rotation include fear of hypoglycemia, disordered eating, and issues related to transitioning to young adulthood with a chronic condition. This outpatient experience will provide experiences working with patients from childhood through young adulthood and residents will have the opportunity to implement a variety of clinical techniques including those from cognitive behavioral, parent behavior management, behavioral family systems, and acceptance and commitment orientations, with a diabetes-specific focus. In addition, the residents will participate in a Division of Endocrinology and Diabetes clinic once per month. The primary role for residents in this clinic is to assess and provide behavioral recommendations for patients with type 1 diabetes when they are seen for medical visits in an interdisciplinary clinic which includes physicians, diabetes educators/nutritionists, social workers, and community health workers. Thus, residents will have the opportunity to develop in-depth knowledge about type 1 diabetes management while working with a team of providers from a variety of specialties as they address the complex needs of this population. The clinic that residents will join is one designed for primarily patients who are publicly insured and have social determinants of health factors that often impact disease management and functioning, providing a diverse experience to complement their outpatient work with patients with type 1 diabetes and their families.
Primary Supervisor: *Laura Smith, Ph.D.*
Location: *Main Hospital Campus*

Training objectives:
1. To provide high-quality evidence-based outpatient treatment for children, adolescents, and/or young adults with Type 1 diabetes and their families utilizing CBT and family-based interventions.

2. To become familiar and comfortable in practicing as a behavioral medicine provider in an interdisciplinary diabetes clinic providing assessment and intervention services for patients with type 1 diabetes
3. To obtain an understanding of how social determinants of health factors impact diabetes care for pediatric populations and how to work as a behavioral medicine provider within an interdisciplinary team to address these barriers. To provide high-quality evidenced-based practice for a common behavioral medicine population (T1DM) that can be generalized to other pediatric chronic illness populations.

Epilepsy Clinic:
CCHMC's Comprehensive Epilepsy Center (CEC) is an interdisciplinary team that specializes in the diagnosis and treatment of children who experience seizures. Interdisciplinary teams include epileptologists, a pharmacist, pediatric nurse practitioners, social workers, registered nurses, psychologists, school intervention specialists, dieticians, language access specialists and research personnel. CEC is one of the only centers to have psychologists fully integrated into interdisciplinary teams. This team approach combines state-of-the-art clinical care, detailed education and cutting-edge research to design an individualized treatment plan for children and adolescents with epilepsy.

Patients with epilepsy are at higher risk for neurodevelopmental, social, emotional, and behavioral comorbidities compared to children with other chronic health conditions. Common comorbidities include anxiety, depression, disruptive behaviors, ADHD, learning disorders, developmental delays, and autism spectrum disorder. As part of the Epilepsy Psychosocial Service, interns will function as an integrated member of an interdisciplinary team conducting brief psychosocial assessments, delivering focused evidence-based interventions, triaging to appropriate service lines, and providing consultation to services. The Epilepsy Psychosocial Service adopts a proactive approach to assessment and treatment, with a focus on identifying patients at-risk or already experiencing psychological symptoms. Common intervention targets include treatment adherence, coping skills and adjustment, sleep problems, stress management, medication side effects, needle phobia, pill swallowing, learning difficulties, executive functioning difficulties, mood, behavior, caregiver stress, and transition to adult care. To address the complex care needs of patients and their families, collaborative care referrals are commonly triaged to pediatricians, social workers, outpatient therapy, psychiatry, developmental assessment and treatment, neuropsychological evaluation, educational services, speech intervention/therapy, and neurocognitive rehabilitation. Supervisors on the rotation take a tailored, developmental approach to training.
Supervisors: *Lisa Clifford, Ph.D. & Shannon Brothers, Ph.D.*
Location: *Main Hospital Campus*

Training Objectives:
1. To conduct brief psychosocial assessment focused on epilepsy management and comorbidities of epilepsy
2. To develop a treatment plan, which can include brief interventions in clinic (e.g., pill swallowing), referrals for developmental or neuropsychological testing, and/or outpatient treatment
3. To provide effective and efficient communication with the epilepsy multidisciplinary team

Pediatric Primary Care:
The Pediatric Primary Care Center (PPC) provides care for 19,000 patients annually and serves the Avondale community. The population who presents to the clinic is primarily comprised of families with exposure to trauma and psychosocial complexity in need of comprehensive care. Patients who attend clinic are typically between the ages of 0 and 17 years old and present with a multitude of clinical concerns. The PPC strives to achieve the aims of a community-connected medical home model and incorporates medical, social, legal, dietary, lactation, and psychological services under one roof. Psychologists integrated into PPC in August 2018 and continue to actively integrate into the clinic.

At PPC, psychologists provide a population health approach to integrated care. The primary focus of this service is universal prevention services for children 1 month to 5 years old. We use an adaptation of the HealthySteps model, which integrates psychologist into each well-child care visits to promote healthy sleep, feeding, development, and emotional regulation. Prevention visits consist of parent-child dyadic work focused on attachment, parent confidence, and developmental progress. Common topics include soothing, sleep, family adjustment, feeding, and age-typical disruptive behaviors. The therapeutic approach incorporates elements of motivational interviewing, parent management, behavioral therapy, and child-parent psychotherapy (CPP). Psychologists also provide short-term, evidence-based interventions for families who express interest and are candidates for follow up. Collaboration with other disciplines is expected.

Additional activities include program development and systems transformation. This occurs through various modalities, such as quality improvement, psychology leadership on different committees/initiatives, and interdisciplinary education. The PPC serves as a primary site for primary care/continuity training for medical residents, and approximately 80 residents rotate through the clinic each year. It is also a training site for medical students from University of Cincinnati.
Supervisors: *Paige Ramirez, Ph.D., Aria Fiat, Ph.D.*
Location: *Medical Office Building (~5 minute shuttle or 10 minute walk from main hospital)*

Training Objectives:
1. To acquire clinical competency in a broad range of child development topics including major developmental milestones, parent-child attachment, and social-emotional concerns which arise during the first five years of life.
2. To provide short term, problem-focused interventions within well-child checks using a range of evidence-based therapeutic approaches including motivational interviewing, CPP, and parent management.
3. To teach and communicate about core therapeutic strategies to medical staff to foster their competencies in behavioral health.
4. To communicate and triage effective care with multidisciplinary providers including medical assistants, nursing staff, physicians and residents, and ancillary services (social workers, community liaison, care managers, dietician, early childhood specialist, lactation consultants, and legal aids).
5. To become aware of strategies to promote integration and practice transformation.

Nutrition and Wellness Center:
The Nutrition and Wellness Center is a collaborative program between the Center for Better Health and Nutrition and the Division of Endocrinology, specializing in the care of children and adolescents with obesity and related metabolic conditions such as pre-diabetes. The interdisciplinary team includes physicians, dieticians, exercise specialists, and psychologists, working together to provide holistic, patient-centered care.

Interns participating in this rotation will serve as integrated members of the multidisciplinary team. Their role includes conducting brief psychosocial assessments, delivering focused evidence-based interventions, consulting with medical providers, and facilitating referrals to appropriate services when needed. The training emphasizes a proactive and individualized approach to care, tailored to the unique backgrounds and needs of each patient.

Common intervention targets include: adherence to lifestyle changes (e.g., nutrition, physical activity, sleep hygiene), medication adherence (e.g., pill swallowing, needle phobia), addressing disordered eating behaviors, promoting positive body image, mitigating the psychological impact of weight stigma and comorbid mental health concerns such as anxiety, depression, and behavioral concerns that may impact treatment adherence.

Referrals are made to outpatient therapy, psychiatry, social work, and other specialized services (e.g., Adolescent Medicine, Occupational Therapy) as needed. Supervision is developmentally tailored to the trainee's experience

level, with a focus on building competence in collaborative care, brief intervention, and consultation within a medical setting.
Supervisor: *Sanita Ley, PhD*
Location: *Main Hospital Campus*

Training Objectives:

1. To conduct concise, developmentally appropriate psychosocial assessments and deliver focused, evidence-based interventions targeting lifestyle adherence, disordered eating, body image, and mental health concerns within a pediatric medical setting.
2. To actively participate as integrated members of a multidisciplinary team, consulting with physicians, dieticians, and exercise specialists.
3. To identify and address psychological and behavioral barriers to adherence, such as needle phobia, pill swallowing difficulties, and weight stigma.
4. To apply individualized strategies to promote engagement in nutrition, physical activity, sleep hygiene, and medication routines.

Inpatient Medical Consultation-Liaison Service:
The Division of Behavioral Medicine & Clinical Psychology provides a Behavioral Medicine Consultation-Liaison (C-L) Service for pediatric, medically admitted inpatients and their families. All C-L Service consults involve **evaluation** of behavioral, emotional, cognitive, or social/cultural/familial factors that are related to medical presentation and the referral concern and **consultation**, during which C-L consultants advise the medical team and other health care providers on those psychosocial factors impacting patient presentation. Evidence-based patient-centered and/or team-centered **interventions** for child and family are developed and implemented as indicated. **Liaison services** are also provided, during which consultants meet with teams to educate on psychosocial issues. When appropriate, C-L consultants will provide information about appropriate **outpatient referrals**. Common consult concerns include adjustment to chronic illness or new diagnosis, adherence to medical regimens, struggle meeting inpatient goals for recovery/discharge, and coping with pain and hospitalization. . When possible, there will be an emphasis on exposure to behavioral management in the inpatient medical setting.
Interventions are multi-disciplinary, involving the C-L psychologist and residents, as well as Medical House Staff, Nursing, OT, PT, Speech, Child Life, Pastoral care, Respiratory Therapy, Psychiatry, Social Work, and Behavioral Safety Team (BST), as needed. Evidence-based practice is utilized, with most focused interventions following a cognitive-behavioral model. The residents will have an opportunity to work with a variety of multidisciplinary teams, including but not limited to GI/Liver, Surgery, General Pediatrics, Rehab, Cardiology, Intensive care units, and Neurology.
Supervisor: *Katherine Bedard-Thomas, Ph.D.*
Location*: Main Hospital Campus*

Training objectives:

4. To become familiar and comfortable in practicing psychological assessment and intervention within a “medical culture.”
5. To provide high-quality evidenced-based practice for a variety of common behavioral medicine issues within the medically hospitalized pediatric population.
6. To become more effective and efficient in communicating (oral and written) with multi-disciplinary team members.

Assessment Rotation

Resident will complete 1 of the following based on their interests and ranked preferences

The **Neuropsychology Program at CCHMC** offers evaluation of cognitive skills for children who experience a medical illness. Cases can span a broad range of neurological conditions, such as cerebral palsy, traumatic brain injury, and epilepsy. A typical evaluation consists of parent interview, child interview and testing, and verbal communication of results to the family. In addition, a brief (5-7 pages) report is generated. Residents will be trained in patient and family interviewing, assessment planning (what tests to give in response to referral question), test administration and scoring, report writing, and communicating results. Cases will be seen on an outpatient basis.
Supervisor: *Dean Beebe, Ph.D., ABPP (with umbrella supervision by an advanced neuropsychology fellow), or another member of the neuropsychology team (past supervisors include Thea Quinton, Ph.D., ABPP, Julia Beattie, Ph.D., and Bruna Schneider, Psy.D.)*
Location: *Main Hospital Campus*

Training Objectives:
1. To learn the skills needed in planning the assessment procedures based on patient characteristics and referral question
2. To obtain experience in administration of standard neuropsychological assessment procedures with children and adolescents
3. To gain experience in communicating results effectively in writing and in session with the family

The **Heart Institute Neurodevelopmental and Education Clinic** offers developmental psychological assessments of children and adolescents, whose congenital heart condition and complex medical history place them at higher risk for developmental disorder or disability. Frequently seen are diagnosis of ADHD, Intellectual Disability, Learning Disability, Adjustment Disorders, Anxiety, and Depression. Common challenges in this population include executive functioning deficits, speech, and language disorders, delayed fine and gross motor skills, anxiety, mood issues, and difficulty getting along with friends and family.

A typical evaluation consists of parent/family interview, chart review, testing, and communication of results to the family. In addition, a 9–10-page report is generated. Residents will be trained in how to conduct a thorough chart review, patient and family interviewing, assessment planning (what tests to give in response to referral question), administration and scoring of tests, report writing, and communication of results. Cases will be seen on an outpatient basis. The NDEC Clinic occurs Tuesday afternoons and provides an opportunity for residents to develop consultative skills in an integrated care model Common topics include developmental education, adjustment in the context of chronic illness, sleep, feeding, establishing routines, and age-typical disruptive behaviors. Psychology testing is scheduled on a different day and typically coordinated with the education or speech/language evaluation. Multidisciplinary teams can include cardiologists, social work, nurses, speech pathologists, occupational/physical therapists, special educators, and child life specialists.
Supervisor: *Stacey Morrison, PsyD*
Location: *Main Hospital Campus*

Training objectives:
1. To communicate and triage effective care with multidisciplinary providers including pediatricians, cardiologists, education specialists, dietitians, occupational therapists, and physical therapists.
2. To learn the skills needed to plan assessment procedures based on patient characteristics and specific referral questions.

3. To obtain experience in administration of standard psychological assessment procedures from preschool age through adolescence.
4. To gain experience in the development of treatment recommendations based on specific test results and patient characteristics.
5. To gain experience in communicating results effectively in a brief, written consultative format.

The **Toddler Neurodevelopmental Clinic (Assessment Rotation)** offers the opportunity to assess toddlers presenting with concerns of developmental delay, inclusive of autism spectrum disorder, within the Neurodevelopmental and Behavioral Psychology (NDBP) Clinic. The resident joins a multidisciplinary team (psychology, speech language pathology, and/or developmental-behavioral pediatrician), performing comprehensive evaluations for children ages 2 years, 11 months and younger. This includes developmental testing, parent report measures, and autism specific testing (ADOS-2). As part of the initial training at the beginning of the rotation, residents receive training focused on toddler developmental assessments (Bayley, Mullen, ADOS-2) and behavior management techniques. In one ½ day block per week, the resident and supervisor evaluate 2 children for 2 hours each. The resident can also gain experience providing diagnostic feedback to families.

Training Goals: This training opportunity emphasizes differential diagnosis in toddlers, behavior management techniques within the context of developmental testing, and providing diagnostic feedback to families. Residents develop skills in writing developmental testing reports, understanding and promoting early intervention recommendations, and working effectively and collaboratively on a multidisciplinary team. Residents do NOT need to have prior experience with assessing toddlers or conducting the ADOS-2 to complete this rotation.

Training Objectives:
1. Provide comprehensive evaluations to toddlers with presenting concerns of developmental delays, including autism spectrum disorder.
2. Enhance knowledge in both typical and atypical child development and skill in using behavioral management techniques with toddlers.

Supervisor: *Meg Stone-Heaberlin, PsyD*
Location: *Medical Office Building* Office 6.605 *(~5 minute shuttle or 10 minute walk from main hospital)*

Child Clinical Track (1 resident)

12-month rotation

Center for ADHD:
ADHD is one of the most commonly diagnosed childhood disorders, with prevalence rates among grade-schoolers estimated at 3% -7%. Children and adolescents who have ADHD often experience significant impairments in school, at home and with peers. The Center for ADHD provides evidence-based assessment services for children ages 4 to 17 who are suspected of having ADHD. The Center for ADHD also offers a number of evidence-based treatments for ADHD including behavioral parent training groups, conjoint parent-adolescent groups focusing on mitigating the negative impact of ADHD on academic success, and individual therapy services. The resident will have the opportunity to tailor their outpatient caseload to their training goals and may see youth with ADHD who have other comorbid diagnoses or youth with presenting concerns other than ADHD.

Throughout the internship year, the clinical child resident spends two full days each week at the Center for ADHD. The resident actively participates in ADHD diagnostic evaluations, report writing, co-leads at least one parent group, co-leads an Academic Success group, and carries an active caseload of 3 to 5 individual therapy cases throughout the year. The resident is expected to start a new ADHD evaluation on a weekly basis, with a maximum of three new evaluations started each month, and to write a report for each case. Residents typically complete 20-26 reports per year. ADHD evaluations are conducted across two or three visits. Caregivers choose to complete the caregiver and youth visits in the same telehealth appointment or complete a caregiver only visit with a week between the second (child or teen) visit. The final feedback session is scheduled 2 weeks after the visit that includes the child or teen. The resident is expected to submit their report for review by their supervisor no later than one week after completing the child or teen visit so that it can be reviewed and finalized to give to the caregivers at the feedback session. The resident also attends and presents at monthly Center for ADHD research seminars and clinical case conferences.

The clinical child resident receives 60 minutes of individual assessment supervision, 60 minutes of individual therapy supervision, an additional 30 minutes of supervision each week when actively co-leading a therapy group, and 60 minutes of group supervision along with all other trainees in the Center for ADHD each week.
***Supervisors*:** *Caitlin Wesley, Psy.D. & Kelli Lupas, Ph.D.*
Location: *Winslow Building (~5 minute drive or shuttle ride from main hospital)*

Training Objectives:
1. To gain an understanding of ADHD as a chronic disorder.
2. To develop expertise in the evidence-based tools and techniques for diagnosing ADHD as well as common co-existing disorders.
3. To develop proficiency in the writing of comprehensive diagnostic reports for ADHD evaluations.
4. To gain proficiency in the use of behavior management techniques to effectively manage the behavior of children with ADHD, including proficiency in training parents to use these techniques.
5. To gain proficiency in the use of behavior modification techniques and interventions to improve the interpersonal and academic functioning of children with ADHD.

6-month required minor rotations

Evidence-Based Treatment for Youth who have Experienced Trauma or Neglect – PCIT and TF-CBT:
This rotation allows residents on the Child Clinical track to gain training and skills in two empirically supported treatments for children who have experienced trauma or neglect. **Parent-Child Interaction Therapy (PCIT)** is a short-term, specialized behavior management program designed for young children experiencing behavioral and/or emotional difficulties and their families. It is an assessment driven, criteria-based therapy which focuses on improving positive child behaviors through a strong parent-child relationship. PCIT has been successfully expanded for use with families of children who have a history of physical maltreatment, domestic violence, foster/adoptive care, parental substance abuse, developmental disabilities, reunification, or adjustment difficulties. Residents will participate in a 7-day workshop that adheres to the National PCIT Training Guidelines as well as follow PCIT cases with Dr. Bensman. **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)** is an evidence-based treatment for children ages 3 to 18 who have experienced traumatic life events, such as physical/sexual abuse, traumatic bereavement, medical trauma, or domestic violence, and their caregivers. TF-CBT targets posttraumatic stress disorder symptoms, depression, behavioral problems, and other issues commonly experienced by traumatized children. Residents will follow TF-CBT cases with Dr. Bensman. The population served within this rotation typically includes a variety of patients in terms of age, gender, race, ethnicity, socioeconomic status, and family constellation (e.g., foster/kinship families, multigenerational caregivers). .
Supervisor: *Heather Bensman, Psy.D.*
Location: *Main Hospital Campus*

Training Objectives:
1. To increase knowledge and awareness of the ethical issues surrounding trauma and abuse.
2. To gain experience with assessment tools typically used for children and families exposed to trauma
3. To gain experience leading both phases of PCIT with children who have experienced trauma and/or neglect, ideally following one case throughout
4. To gain experience with at least two ongoing families receiving PCIT and two families receiving TF-CBT
5. Attend weekly Child Abuse Rounds to learn about interdisciplinary collaboration in diagnosis and treatment of child abuse

6-month ranked minor rotations

Resident will complete 3 of the following based on their interests and ranked preferences

Sleep Disorders Center:
The Sleep Disorders Center at Cincinnati Children's Hospital Medical Center offers interdisciplinary assessment and management to help children with sleep problems get the sleep they need to stay healthy. Pediatric behavioral sleep medicine training is provided within the context of Cincinnati Children's Society of Behavioral Sleep Medicine (SBSM) accredited Behavioral Sleep Medicine (BSM) Training Program. Our BSM training site is one of 18 accredited programs and the only accredited BSM program dedicated solely to Pediatric Behavioral Sleep Medicine. (https://www.behavioralsleep.org/index.php/sbsm-educational-opportunities/accredited-fellowship-programs). Psychology trainees participating in the Sleep Disorders Center rotation work in the Behavioral Sleep Medicine Clinic (BSMC) that is staffed by psychologists and psychology trainees. Patients seen in the BSMC represent pediatric populations that may have comorbid medical and psychiatric conditions or may present with a sleep disturbance as

their sole complaint. Empirically supported assessment and treatment approaches are used to treat a broad range of sleep disorders including but not limited to insomnia, parasomnias, and circadian rhythm disorders. Depending on the clinical needs of the patient, children referred to the Sleep Disorders Center are seen by a pediatric sleep psychologist and/or a board-certified sleep physician (pulmonologist, neurologist or otolaryngologist). Child Clinical residents have the opportunity to conduct sleep assessments with new patients in BSMC, which includes a thorough clinical history that considers individual and family factors in conjunction with administration of prospective measures of sleep. All patients are introduced to sleep hygiene guidelines and typically require cognitive-behavioral intervention using empirically supported treatments. Child Clinical residents have the opportunity to engage in co-therapy for outpatient treatment cases with the supervising pediatric sleep psychologist. As part of the residents' BSM training, they have the opportunity participate in weekly didactic seminars (Sleep Core Lectures and Behavioral Sleep Medicine Seminar) focused on pediatric sleep disorders evaluation and management.

In cases when children have both psychological and medical concerns, they will be seen by both a psychologist in the BSMC and a physician in the Sleep Apnea Clinic, Upper Airway Clinic, or Sleep Disorders Clinic. Children with suspected neurologic and psychological mechanisms for their sleep disruption are most likely seen in the Neurobehavioral Sleep Clinic. Although the opportunities in the Neurobehavioral Sleep, CPAP, and Circadian and Complex Sleep Disorder Clinics are not formal opportunities, the Child Clinical resident may have opportunities to shadow these experiences, if time available in the training year allows (case-by-case basis).
Primary Supervisor: *Kristina Decker, Ph.D.*
Location: *Main Hospital Campus*

Training Objectives:
1. To understand the normative development of sleep from infancy through adolescence and to appreciate individual and family differences as it is related to sleep health and sleep practices.
2. To understand various presentations of disordered sleep including both primary sleep disorders and behavioral insomnia.
3. To learn the standards of clinical practice for sleep assessment.
4. To gain proficiency assessing sleep problems in children and delivering timely and effective communication to families and referring physicians regarding clinical impressions and a treatment plan.
5. To gain proficiency in providing cognitive behavioral interventions using evidenced based practice guidelines that are sensitive to unique individual and family differences and preferences for treatment.

Epilepsy Clinic:
CCHMC's Comprehensive Epilepsy Center (CEC) is an interdisciplinary team that specializes in the diagnosis and treatment of children who experience seizures. Interdisciplinary teams include epileptologists, a pharmacist, pediatric nurse practitioners, social workers, registered nurses, psychologists, school intervention specialists, dieticians, access language specialists and research personnel. CEC is one of the only centers to have psychologists fully integrated into interdisciplinary teams. This team approach combines state-of-the-art clinical care, detailed education and cutting-edge research to design an individualized treatment plan for children and adolescents with epilepsy.

Patients with epilepsy are at higher risk for neurodevelopmental, social, emotional, and behavioral comorbidities compared to children with other chronic health conditions. Common comorbidities include anxiety, depression, disruptive behaviors, ADHD, learning disorders, developmental delays, and autism spectrum disorder. As part of the Epilepsy Psychosocial Service, interns will function as an integrated member of an interdisciplinary team conducting brief psychosocial assessments, delivering focused evidence-based interventions, triaging to appropriate service lines,

and providing consultation to services. The Epilepsy Psychosocial Service adopts a proactive approach to assessment and treatment, with a focus on identifying patients at-risk or already experiencing psychological symptoms. Common intervention targets include treatment adherence, coping skills and adjustment, sleep problems, stress management, medication side effects, needle phobia, pill swallowing, learning difficulties, executive functioning difficulties, mood, behavior, caregiver stress, and transition to adult care. To address the complex care needs of patients and their families, collaborative care referrals are commonly triaged to pediatricians, social workers, outpatient therapy, psychiatry, developmental assessment and treatment, neuropsychological evaluation, educational services, speech intervention/therapy, and neurocognitive rehabilitation. Supervisors on the rotation take a tailored, developmental approach to training.
Supervisors: *Lisa Clifford, Ph.D. & Shannon Brothers, Ph.D.*
Location: *Main Hospital Campus or Green Township (approximately 25-minute drive from Main Campus)*

Training Objectives:
1. To understand the different types of epilepsy, epilepsy syndromes and common developmental and behavioral health comorbidities.
2. To gain proficiency in conducting brief psychosocial assessments focused on epilepsy management and associated comorbidities, with consideration of the unique needs of children and their families.
3. To gain proficiency in the delivery of brief, tailored evidence-based treatments for common psychosocial concerns (e.g., pill swallowing, sleep, adjustment) and behavioral health comorbidities (e.g., anxiety, depression, executive functioning difficulties).
4. To develop skills in collaborative care coordination within the context of a multidisciplinary team as well as skills in effectively triaging to medical, mental health, and community referrals.

Toddler Neurodevelopmental Clinic (Assessment or Intervention Rotation):
This clinical opportunity includes a 6-month, ½ day per week training rotation working with toddlers presenting with concerns of developmental delays, inclusive of autism spectrum disorder, within the Neurodevelopmental and Behavioral Psychology (NDBP) Clinic. Residents have the option to choose between two rotations: assessment or early intervention.

Option 1: Toddler Assessment
This rotation option offers the opportunity to assess toddlers presenting with concerns of developmental delay, inclusive of autism spectrum disorder, within the Neurodevelopmental and Behavioral Psychology (NDBP) Clinic. The resident joins a multidisciplinary team (psychology, speech language pathology, and/or developmental-behavioral pediatrician), performing comprehensive evaluations for children ages 2 years, 11 months and younger. This includes developmental testing, parent report measures, and autism specific testing (ADOS-2). As part of the initial training at the beginning of the rotation, residents receive training focused on toddler developmental assessments (Bayley, Mullen, ADOS-2) and behavior management techniques. In one ½ day block per week, the resident and supervisor evaluate 2 children for 2 hours each. The resident can also gain experience providing diagnostic feedback to families.

Training Goals: This training opportunity emphasizes differential diagnosis in toddlers, behavior management techniques within the context of developmental testing, and providing diagnostic feedback to families. Residents develop skills in writing developmental testing reports, understanding and promoting early intervention recommendations, and working effectively and collaboratively on a multidisciplinary team. Residents do NOT need to have prior experience with assessing toddlers or conducting the ADOS-2 to complete this rotation.

Training Objectives:

1. Provide comprehensive evaluations to toddlers with presenting concerns of developmental delays, including autism spectrum disorder.
2. Enhance knowledge in both typical and atypical child development and skill in using behavioral management techniques with toddlers.

Supervisor: *Meg Stone-Heaberlin, PsyD*
Location: *Medical Office Building* Office 6.605 *(~5 minute shuttle or 10 minute walk from main hospital)*

Option 2: Early Intervention
Resident participates in the Bridge Skill Development Program, which is an early intervention program for children on the autism spectrum ages 3 years, 11 months and younger. The Bridge program is data-driven and utilizes discrete trial teaching (DTT) methods, techniques rooted in applied behavior analysis (ABA). The intervention model is caregiver-mediated, meaning the caregiver learns first-hand how to provide the intervention to their child both in clinic and through daily homework between visits. Children and their caregivers are seen 1x a week for 11 weeks to work on skill building in eye contact, response to name, imitation, matching, and following instructions. The Bridge team is multidisciplinary, including psychology, clinical assistants, and social work. In one ½ day block per week, the resident and supervisor see up to 4 children for 40-50 minutes each. Residents do NOT need prior experience with toddlers or ABA to participate in this rotation.

Training Goals: This training opportunity emphasizes the value of early intervention for young children on the autism spectrum. Residents will hone skills related to caregiver coaching, behavior management, discrete trial teaching methods, and data collection.

Training Objectives:

1. Provide outpatient early intervention to toddlers on the autism spectrum utilizing ABA teaching principles.
2. Enhance knowledge in caregiver coaching, behavior management, and structured teaching methods including discrete trial teaching.

Supervisor*: Natalie Justice, PhD*
Location: *Medical Office Building (~5 minute shuttle or 10 minute walk from main hospital)*

Pediatric Primary Care:
The Fairfield Primary Care Center (FPC) provides care to the Northern Cincinnati community, including the Northern part of Hamilton County, All of Butler County, and some Warren and Claremont County patients. The population who presents to the clinic are families with exposure to trauma, psychosocial complexity, and many different cultural backgrounds [French African, Hispanic/Latino, Korean, Napali, African American, Caucasian, among others] in need of comprehensive care. Patients who attend clinic are typically between the ages of 0 and 17 years old and present with a multitude of clinical concerns. The FPC strives to achieve the aims of a community-connected medical home model and incorporates medical, social services, and psychological services under one roof. Psychologists have been fully integrated into FPC since August 2017 and continue to actively provide prevention, early intervention, and mental health consultation services.

At FPC, psychologists provide a population health approach to integrated care. The focus of this service is two fold: universal, trauma-informed prevention services for children 1 month to 3 years old and Teens with mild PHQ-9 and GAD-7 elevations; as well as, in the moment consultation for identified behavioral and emotional concerns at any age.

We use an adaptation of the HealthySteps model for the younger children, which integrates psychologist into each well-child care visit to promote positive attachment, parent confidence, and provide education on healthy sleep, feeding, development, and emotional regulation. Common topics include soothing, sleep, family adjustment, feeding, and age-typical disruptive behaviors. For consultation services, the therapeutic approach incorporates elements of motivational interviewing, parent management, behavioral therapy, CBT, DBT, and child-parent psychotherapy (CPP). Collaboration with other disciplines is expected.

Additional activities include building of skills in direct debriefing with medical providers, coordinating care with medical assistants and nursing staff, building relationships with Social Work and Care managers to provide optimal care to patients using the full resources of our clinic. Building skills in note writing, reflective practice, and increased understanding of billing are also common.
***Supervisor**: Heather Unrue, Ph.D.*
***Location:** Fairfield (~30 minute drive from main hospital)*

Training Objectives:
1. To acquire clinical competency in a broad range of child development topics including major developmental milestones, parent-child attachment, and social-emotional concerns which arise during the first five years of life.
2. To provide short term, problem-focused interventions using a range of evidence-based therapeutic approaches including motivational interviewing, CPP, CBT, and parent management.
3. To teach and communicate about core therapeutic strategies to medical staff to foster competencies in collaborative behavioral health roles.
4. To communicate and triage effective care with multidisciplinary providers including medical assistants, nursing staff, physicians and residents, and ancillary services (social workers, community liaison, care managers, early childhood specialist, and referring to other ancillary services).
5. To become aware of strategies to promote integration and practice transformation.

Inpatient Medical Consultation-Liaison Service:
The Division of Behavioral Medicine & Clinical Psychology provides a Behavioral Medicine Consultation-Liaison (C-L) Service for pediatric, medically admitted inpatients and their families. All C-L Service consults involve **evaluation** of behavioral, emotional, cognitive, or social/cultural/familial factors that are related to medical presentation and the referral concern and **consultation**, during which C-L consultants advise the medical team and other health care providers on those psychosocial factors impacting patient presentation. Evidence-based patient-centered and/or team-centered **interventions** for child and family are developed and implemented as indicated. **Liaison services** are also provided, during which consultants meet with teams to educate on psychosocial issues. When appropriate, C-L consultants will provide information about appropriate **outpatient referrals**. Common consult concerns include adjustment to chronic illness or new diagnosis, adherence to medical regimens, struggle meeting inpatient goals for recovery/discharge, and coping with pain and hospitalization. When possible, there will be an emphasis on exposure to behavioral management in the inpatient medical setting.

Interventions are multi-disciplinary, involving the C-L psychologist and residents, as well as Medical House Staff, Nursing, OT, PT, Speech, Child Life, Pastoral care, Respiratory Therapy, Psychiatry, Social Work, and Behavioral Safety Team (BST), as needed. Evidence-based practice is utilized, with most focused interventions following a cognitive-behavioral model. The residents will have an opportunity to work with a variety of multidisciplinary teams, including but not limited to GI/Liver, Surgery, General Pediatrics, Rehab, Cardiology, Intensive care units, and Neurology.
***Primary Supervisors:** Katherine Bedard-Thomas, Ph.D.*

Location: *Main Hospital Campus*

Training objectives:

1. To become familiar and comfortable in practicing psychological assessment and intervention within a "medical culture."
2. To provide high-quality evidenced-based practice for a variety of common behavioral medicine issues within the medically hospitalized pediatric population.
3. To become more effective and efficient in communicating (oral and written) with multi-disciplinary team members.

Acute Care Track (2 residents)

12-month rotation

Year-Long Outpatients:
The aim of this experience is to allow residents the opportunity to provide longer-term psychological care to children and adolescents with emotional or behavioral concerns. Efforts are made to ensure that residents develop competencies in the practice of evidence-based treatments by working with children and adolescents from a variety of backgrounds who have mental health concerns (e.g., depression, anxiety, ADHD, behavioral concerns).
Supervisors: *Shivali Sarawgi, Ph.D.; Alex Nyquist, Ph.D.*
Location: *Main Hospital Campus*

Training Objectives:
1. To conduct a psychological assessment of children and adolescents referred for outpatient therapy using a biopsychosocial framework.
2. To provide outpatient therapy services using evidence-based assessment and treatment approaches, including cognitive-behavioral, behavioral, motivational interviewing, acceptance and commitment therapy, and more.
3. To gain experience treating a variety of patients (e.g. age, sex, socioeconomic status, race, sexual orientation), and enhance ability to provide tailored care.

6-month required major rotations

1.5-2 days per week

Acute Psychiatry Inpatient:
The acute psychiatry inpatient program at CCHMC is the largest inpatient program within a pediatric hospital encompassing 99 patient beds. In the fall of 2023, the inpatient program moved into a brand-new $100 million dollar facility at our College Hill campus. The inpatient program provides multidisciplinary assessment, crisis intervention and stabilization, and treatment planning for children ages 5-18. Children and adolescents admitted present with a variety of severe psychological/psychiatric problems, including psychotic, mood, disruptive/aggressive behavior, anxiety, eating, and developmental disorders, as well as chronic medical problems with concomitant behavioral difficulties. In addition, patients often have histories including significant psychosocial stressors and trauma. The resident will be integrated into a multi-disciplinary team that is comprised of psychiatry, nursing, social-work, milieu staff, and allied health staff (OT, SLP, Child Life).

During this rotation, the resident will participate in interdisciplinary treatment rounds and provide assessment and consultation in the development and implementation of individualized behavioral interventions for patients on the inpatient unit(s) exhibiting problematic behaviors disrupting progress toward successful discharge. The resident will learn the role of other disciplines, participate in treatment rounds, complete functional behavioral assessment strategies for individual patients, and support the development and implementation of individualized behavioral plans including on-unit staff coaching and support. In addition, the resident may support implementation of DBT interventions for patients with extended lengths of stay alongside social work and provide brief, individualized therapeutic interventions. Residents also will have weekly individual supervision, daily clinical huddles, and participate in group supervision for advanced clinical staff. Opportunities for residents to provide consultation and supervision to milieu staff/leaders are also available.

The resident also will be involved in ongoing program development and quality improvement initiatives with objectives in improving system and unit-level interventions.
***Supervisor**: Aaron Vaughn, Ph.D. & Allison Zoromski, Ph.D.*
***Location:** College Hill Campus (~ 20 minute drive from main hospital)*

Training Objectives:
1. To understand of how an intensive acute inpatient program cares for patient in crisis including the purpose and approach to care within acute psychiatric setting and evidence-based strategies implemented in this setting.
2. To develop and refine skills necessary for effective interdisciplinary collaboration including effective and efficient communication within complex setting across multiple teams.
3. To gain experience with assessment, development, and implementation of behavioral interventions/strategies within acute psychiatric setting for individual patients within a group/milieu setting.
4. To gain experience with coaching and supporting direct care staff in implementing behavioral interventions effectively and consistently within a secure milieu setting.
5. To learn and develop strategies to promote understanding, integration, and implementation of evidence-based and trauma-informed interventions with interdisciplinary staff and treatment teams.

Comprehensive Health Evaluations for Cincinnati's Kids (CHECK) Foster Care Clinic/ Trauma-Focused Treatment:
The Division of Behavioral Medicine & Clinical Psychology has three psychologists integrated into the CHECK Foster Care Center to provide a variety of consultative services to youth in foster care and their caregivers. When Children's Protective Services obtains custody of a child, that child must be seen in CHECK Clinic within 5 days for a medical exam. Children come back about 30-60 days after their initial visit and every time they change placements. The CHECK Center sees an average of 75 patients per week during weekday clinics, with half of visits dedicated to appointments for children who recently changed placements (i.e., within 5 days) and half for 30-60 day follow-up comprehensive visits. More than half of children seen have at least one mental/behavioral health diagnosis. Psychologists embedded in the clinic see every child and/or caregiver for 1. Assessment: A thorough review of medical and CPS records, a comprehensive clinical interview with a focus on trauma symptoms, diagnostic clarification, and treatment recommendations. 2. Intervention: Based on information from assessment, at least one intervention is provided to the child and/or caregiver. These can include coping strategies, psychoeducation related to diagnosis, trauma, and treatment, and behavioral management strategies. 3. Prevention: For under age 2, the integrated behavioral health prevention model is used. Caregivers receive developmental and attachment psychoeducation. Goals for integrated psychological services provided are to try to keep children in their current placements, decrease time it takes for children to get mental health assessment and treatment, and keep foster children out of psychiatric hospitalization. The CHECK Team is multidisciplinary and also consists of physicians, nurses/medical assistants, social worker, substance use interventionist, and research coordinators. Residents will also have interactions with Children's Protective Services case workers, Guardian ad litems, and occasionally biological parents. Other opportunities include shadowing a Child Abuse rounds team meeting and forensic interview in the Child Advocacy Center. If interested, residents can have the opportunity to be trained in Trauma-Focused Cognitive Behavioral therapy (TF-CBT) and add 1-4 TF-CBT patients during this rotation. This would include a 2-day TF-CBT training and monthly group consultation calls with Julie Bemerer, a National TF-CBT Trainer. These experiences will enable residents to get certified in TF-CBT after they complete three cases. If residents choose to do TF-CBT, they will see the therapy patient during clinic time instead of the clinic patient during that timeslot.
***Supervisors**: Julie Bemerer, Psy.D.*
***Location**: Winslow Building (2800 Winslow Avenue) (parking on site or ~10 minute shuttle from main hospital)*

Training objectives:
1. To become familiar and comfortable in practicing trauma-focused psychological assessment and intervention within a "medical culture".
2. To provide high-quality evidenced-based practice for a variety of common behavioral medicine issues within the foster care population.
3. To become more effective and efficient in communicating (oral and written) with multi-disciplinary team members.
4. To become comfortable with a variety of ethical situations, including child abuse reporting.

6-month required minor rotations

Neurodevelopmental Diagnostic Assessment Clinic: School Age Children/Adolescents (one half day per week)
This clinical opportunity includes a 6-month, ½ day per week training rotation in the diagnostic evaluation of school age children and adolescents (ages 6-22) with presenting concerns of developmental delays, inclusive of autism spectrum disorder, in the Neurodevelopmental and Behavioral Psychology (NDBP) Clinic. Residents will complete comprehensive evaluations that include cognitive testing, diagnostic interviewing, measures of adaptive functioning, parent report measures, teacher report measures (as appropriate), self-report measures (as appropriate), and autism-specific testing (ADOS-2) when relevant. While developmental delay and autism spectrum disorder are often the primary referral concerns, testing is also completed to rule out ADHD, intellectual disability, anxiety, depression, and/or behavior disorders as appropriate. These evaluations occur within a multidisciplinary developmental and behavioral pediatrics clinic and therefore also include collaboration with multiple disciplines, including developmental behavioral pediatricians, nurse practitioners, social work, and speech language pathologists. As part of the initial training at the beginning of the rotation, residents will receive ADOS-2 clinical training and training on behavior management techniques, including Therapeutic Crisis Intervention (TCI).

This rotation will emphasize differential diagnosis in school age children and adolescents, behavior management techniques within the context of developmental testing, and providing diagnostic feedback to families. Residents will develop skills in clinical judgement, communication, comprehensive report writing, understanding, and promoting outpatient treatment, school, and home-based recommendations, and working effectively and collaboratively with multidisciplinary team members.
***Supervisor**: Nick Hartley, Psy.D.*
***Location**: Medical Office Building (~5 minute shuttle or 10 minute walk from main hospital)*

Training objectives:
1. Provide comprehensive evaluations to school age children and adolescents with presenting concerns of neurodevelopmental differences, including autism spectrum disorder and intellectual disability.
2. Enhance knowledge in both typical and atypical child development and skill in using behavioral management techniques with children within the context of standardized test administration.
3. Conduct comprehensive diagnostic interviews with caregivers to collect patient histories, assess symptoms, and formulate accurate diagnoses.
4. Refine differential diagnostic abilities in school age children and adolescents, particularly related to the overlap of developmental and mental health concerns.
5. Enhance comprehensive report writing skills.

DBT Skills Group (three hours per week):
The Division of Behavioral Medicine & Clinical Psychology provides a Comprehensive Dialectical Behavior Therapy (DBT) Program including individual DBT, crisis coaching calls, consultation meeting, and Multi-Family DBT Skills Group. The Acute Care Resident will co-lead the Comprehensive DBT Program's Multi-Family DBT Skills Group along with Dr. Aarnio-Peterson. Patients in the Multi-Family DBT skills group all have chronic suicidality and/or non-suicidal self-injury. All patients in the Comprehensive DBT Program attend weekly Multi-family DBT Skills Group with their primary caregiver while they are concurrently in individual DBT. DBT-A skills group is a 6 month, 24-week intervention that adheres to the evidence-based DBT-A skills group manual (Rathus, 2014). This intervention covers mindfulness, emotion regulation, distress tolerance, walking the middle path, and interpersonal effectiveness skills. Each group begins with a mindfulness exercise, followed by homework review, didactics of new material, and assignment of new homework. Consistent with the manualized treatment, DBT-A skills group has a leader and a co-leader. Initially, the resident will serve as co-leader and primarily observe group with the supervisor leading. With additional training and demonstration of basic competencies, the resident will begin to participate more over time and shift to group leader with the supervisor serving as co-leader of the group.
***Supervisor**: Claire Aarnio-Peterson, Ph.D.*
***Location**: Main Hospital Campus, Wednesdays, 3:30PM-5:00PM*

Training objectives:
1. To become familiar and comfortable in providing outpatient multi-family group therapy.
2. To develop proficiency with evidence-based DBT-A Skills Group and competency as group leader.
3. Development of effective medical record documentation.

6-month ranked minor rotations

One half day per week; residents will complete 2 of the following based on their interests and ranked preferences

Neurobehavioral Partial Hospitalization Program:
The Neurobehavioral Partial Hospitalization Program serves as a step-down or step-up treatment program aimed at reducing inpatient hospitalizations and emergency room visits. The program is designed for children and teens age 9-17 with neurodevelopmental disabilities such as ADHD, Autism, or Mild Intellectual Disability, and co-occurring mental health diagnoses. Patients in the program follow a structured schedule from 8:30am-3:30pm Monday-Friday for 4-6 weeks of treatment. The core focus of the program is on group-based therapy, emphasizing the development and practice of emotion regulation skills.

Residents will have the opportunity to collaborate with an interdisciplinary treatment team, including psychiatrists, psychologists, speech pathologists, occupational therapists, behavior analysts, social workers, and education specialists. The resident will also gain hands-on experience running therapeutic groups, supported by behavioral health specialists. Additionally, they will contribute to writing individualized treatment plans and participate in meetings with caregivers and educational staff to facilitate smooth transitions for patients leaving the program. This rotation provides a rich environment for professional growth, clinical skill development, and interdisciplinary collaboration in the field of neurobehavioral health.
Supervisor: Amanda Faler, Ph.D.
Location: College Hill Campus (~ 20 minute drive from main hospital)

Training Objectives
1. Develop and understanding of the unique partial hospitalizations setting and how this level of treatment fits within the broader mental health care field.
2. Enhance proficiency in conducting group therapy sessions focused on emotion regulation, utilizing evidence-based practices tailored for neurodevelopmental and mental health needs.
3. Gain experience in participating in an interdisciplinary treatment team, effectively communicating and integrating insights from various therapeutic disciplines.
4. Acquire skills in assessing patient needs and contributing to the development of individualized treatment plans, ensuring they align with patient goals and family dynamics.
5. Learn strategies for engaging and collaborating with caregivers and educational personnel to support patient transitions, fostering continuity of care and support beyond the program.

Comprehensive DBT:(4 hours per week).
Cincinnati Children's launched a Comprehensive Dialectical Behavior Therapy (DBT) Program for Adolescents in 2025. DBT is a principle-driven treatment that blends behavioral therapy with mindfulness. DBT uses a dialectical philosophy, commonly summarized with the dialectic of acceptance and change. It is an evidence-based treatment for suicidal, multi-problem adolescents and their caregivers (Miller, Rathus, & Linehan 2007) that teaches adolescents the skills they need to build lives worth living. In Comprehensive DBT, patients attend weekly individual therapy, weekly DBT skills class, and have access to their individual therapist between therapy sessions via coaching calls.

During this rotation, the resident will deliver individual DBT for two adolescent patients who are enrolled in the Comprehensive DBT program (i.e., patients will also attend skills group while in individual therapy). DBT patients sign therapy agreements for 6 months, so residents can anticipate completing a full-course of treatment with their patients during this rotation. The resident will learn and apply a variety of DBT strategies (validation, irreverence, commitment, behavioral analysis, solution analysis, skills training, and contingencies) with their individual patients. The resident will also practice risk assessment and management of life-threatening behaviors (e.g., self-harm, suicide, substance use, etc). Additionally, residents will provide between-session phone coaching for their patients for a minimum of 4 weeks, depending on the resident's training needs and goals. The resident will be a part of the DBT Consultation Team, which meets virtually each week for 2 hours. Consultation Team is often referred to as "therapy for the therapist" and ensures that therapists maintain motivation to stay in DBT with their patients and deliver DBT with fidelity to the model.
Supervisor: *Alex Nyquist, Ph.D.*
Location: *Main Hospital Campus*

Training Objectives:

1. Demonstrate competency in risk assessment and management as shown by proficiency in use of the Linehan Risk Assessment and Management Protocol (LRAMP) and utilization of weekly diary cards to monitor target behaviors.
2. Utilize treatment hierarchy during individual DBT sessions.
3. Conduct brief coaching calls with DBT patients for a minimum of 1-month.
    a. Coaching calls will consist of brief phone calls with patients between weekly therapy sessions
    b. Patients page the resident and the resident returns the page using a secure communication app, WebEx (i.e., residents will **not** use their personal phone number for phone coaching)
    c. The DBT supervisor will cover coaching calls for the resident's patients when the resident is unavailable (e.g., PTO, training needs, etc.)
4. Teach DBT skills to patients and/or colleagues on the DBT team.
5. Participate as a full member of the DBT Consultation team by serving in all three meeting roles at least once. Meeting roles are: Leader, Note-Taker, Observer.

Trauma-Focused Cognitive Behavioral Therapy:
The Division of Behavioral Medicine & Clinical Psychology has four psychologists on the trauma team providing outpatient trauma treatment, including Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Trauma-Focused CBT is the gold standard for treating pediatric trauma symptoms. Residents will have the opportunity to be trained in TF-CBT and carry approximately 4 TF-CBT patients during this rotation. This rotation is available to give a more in depth and intensive experience with TF-CBT in supplement to the CHECK rotation. This will include a 2-day TF-CBT training and monthly group consultation calls with Julie Bemerer, a TF-CBT National Trainer. These experiences will enable residents to get certified in TF-CBT after they complete three cases. If interested, trainees can shadow a forensic interview and a Child Abuse Team meeting as well.
Supervisor: *Megan Radenhausen, Ph.D.*
Location: *Winslow Building (~5 minute drive or shuttle ride from main hospital)*

Training Objectives

1. Develop an understanding of trauma symptoms and how trauma treatment is effective in managing those symptoms.

2. Become efficient in TF-CBT and providing this evidence-based treatment to fidelity.
3. Utilize TF-CBT components in treatment while managing ongoing patient life stressors.
4. Complete requirements to be eligible for TF-CBT certification.

Eating Disorders - Medical Inpatient:

The Division of Behavioral Medicine & Clinical Psychology is part of a multi-disciplinary team including Adolescent Medicine and Nutrition Therapy that provides medical stabilization and behavioral intervention for families and patients with eating disorders (ED). Patients admitted to the inpatient ED program present with medical complications (e.g., bradycardia, hypophosphatemia) secondary to an ED, usually anorexia nervosa, atypical anorexia nervosa, or avoidant/restrictive food intake disorder (ARFID). The resident will have the opportunity to provide evidence-based family-based treatment (FBT) interventions. Specifically, they will participate in conducting an initial assessment of the patient's eating disorder and provide psychoeducation to families about the biopsychosocial causes of eating disorders. Following this initial visit, the resident will advise the medical team on psychosocial factors associated with their medical admission, evidence-based behavioral interventions, and provide recommendations regarding disposition upon discharge if necessary. Secondly, the resident will also provide education on evidence based FBT guiding principles by empowering parents to re-nourish their ill child as well as conduct meal coaching to "meet parents where they are" in their mealtime interactions with their child. They will provide parents with tools to help their child complete meals successfully without negative behaviors. Finally, the resident will provide behavior planning with families to ready them for outpatient FBT where they will be managing their ill child's nutrition 100% of the time. The resident will have an opportunity to collaborate with Adolescent Medicine, Nutrition Therapy, Psychiatry, and Child Life.

***Supervisor**: Nicole Bennett, Psy.D.*
***Location:** Liberty Campus (~ 30 minute drive from main hospital)*

Training objectives:

1. To become familiar and comfortable in practicing psychological assessment and intervention within a "medical culture".
2. To provide high-quality evidenced-based eating disorder interventions on an inpatient medical unit.
3. To become more effective and efficient in communicating (oral and written) with multi-disciplinary team members.

Eating Disorders – Outpatient Treatment:

The Division of Behavioral Medicine & Clinical Psychology is part of a multi-disciplinary Eating Disorders Program (EDP) including Adolescent Medicine and Nutrition Therapy that provides outpatient evidence-based treatment for children and adolescents with eating disorders. Children and adolescents in the EDP present with anorexia nervosa, atypical anorexia nervosa, avoidant/restrictive food intake disorder (ARFID), bulimia nervosa (BN), and binge eating disorder (BED). The majority of patients we treat present with AN and AAN and are treated using the most empirically supported treatment, family based treatment (FBT). In phase I, FBT empowers parents to re-nourish their ill adolescent back to a healthy weight. In phase II, as the adolescent appropriately re-gains weight, responsibility over eating is gradually shifted away from parents and back to the adolescent in a developmentally appropriate manner. Finally, the last phase of FBT is focused on getting back to typical adolescent development. FBT is derived from family systems therapy and focuses on involving all family members in treatment. Blame for the illness on patients and families is minimized, and the therapist works to externalize the illness, mobilize the parents to re-nourish their ill child, and reverse the effects of malnutrition. Residents will have in-depth FBT training and will provide FBT with outpatients with AN or AAN. The resident will have the opportunity to do an outpatient FBT family meal session. Depending on interest and availability of cases, the resident may also have the opportunity to provide other forms of

evidence-based treatment for eating disorders (e.g., CBT for BN). Finally, the resident will have an opportunity to work with Adolescent Medicine, Nutrition Therapy, and Psychiatry.
***Supervisor**: Claire Aarnio-Peterson, Ph.D.*
***Location:** Main Hospital Campus*

Training objectives:
1. To be trained in and provide empirically-supported family based treatment for AN and AAN.
2. To conduct a thorough eating disorder evaluation.
3. To become more effective and efficient in communicating (oral and written) with multi-disciplinary team members.

Inpatient Medical Consultation-Liaison Service:
The Division of Behavioral Medicine & Clinical Psychology (BMCP) provides a Behavioral Medicine Consultation-Liaison (C-L) Service for pediatric inpatients and their families admitted to our base campus for medical care. All C-L Service consults involve **evaluation** of behavioral, emotional, cognitive, or social/cultural/familial factors that are related to medical presentation and the referral concern and **consultation**, during which C-L consultants advise the medical team and other health care providers on those psychosocial factors impacting patient presentation. Evidence-based patient-centered and/or team-centered **interventions** for child and family are developed and implemented as indicated. **Liaison services** are also provided, during which consultants meet with teams to educate on psychosocial issues. When appropriate, C-L consultants will provide information about appropriate **outpatient referrals**. Common consult concerns include adjustment to chronic illness or new diagnosis, adherence to medical regimens, struggle meeting inpatient goals for recovery/discharge, and coping with pain and hospitalization. When possible, there will be an emphasis on exposure to functional cases (GI, neurology, general pediatrics/hospital medicine, psychiatric presentations where both BMCP and psychiatry are consulted, behavioral acuity where the Behavior Safety Team may be involved and the C-L team is involved for caregiver support.

Interventions are multi-disciplinary, involving the C-L psychologist and residents, as well as Medical House Staff, Nursing, OT, PT, Speech, Child Life, Pastoral care, & Respiratory Therapy. Evidence-based practice is utilized, with most focused interventions following a cognitive-behavioral model. The residents will have an opportunity to work with a variety of multidisciplinary teams, including but not limited to GI/Liver, Surgery, General Pediatrics, Rehab, Cardiology, Intensive care units, Neurology.
***Supervisor:** Katherine Bedard-Thomas, Ph.D.*
***Location:** Main Hospital Campus*

Training objectives:
1. To become familiar and comfortable in practicing psychological assessment and intervention within a "medical culture".
2. To provide high-quality evidenced-based practice for a variety of common behavioral medicine issues within the hospitalized pediatric population.
3. To become more effective and efficient in communicating (oral and written) with multi-disciplinary team members.

Sleep Disorders Center:
The Sleep Disorders Center at Cincinnati Children's Hospital Medical Center offers interdisciplinary assessment and management to help children with sleep problems get the sleep they need to stay healthy. Pediatric behavioral sleep medicine training is provided within the context of Cincinnati Children's Society of Behavioral Sleep Medicine (SBSM) accredited Behavioral Sleep Medicine (BSM) Training Program. Our BSM training site is one of 18 accredited

programs and the only accredited BSM program dedicated solely to Pediatric Behavioral Sleep Medicine. (https://www.behavioralsleep.org/index.php/sbsm-educational-opportunities/accredited-fellowship-programs). Acute Care residents have the opportunity to conduct sleep assessments with new patients in BSMC, which includes a thorough clinical history that considers individual and family factors in conjunction with administration of prospective measures of sleep. All patients are introduced to sleep hygiene guidelines and typically require cognitive-behavioral intervention using empirically supported treatments. Acute care residents have the opportunity to engage in co-therapy for outpatient treatment cases with the supervising pediatric sleep psychologist. As part of the residents BSM training, they have the opportunity participate in weekly didactic seminars (Sleep Core Lectures and Behavioral Sleep Medicine Seminar) focused on pediatric sleep disorders evaluation and management.

In cases when children have both psychological and medical concerns, they will be seen by both a psychologist in the BSMC and a physician in the Sleep Apnea Clinic, Upper Airway Clinic, or Sleep Disorders Clinic. Children with suspected neurologic and psychological mechanisms for their sleep disruption are most likely seen in the Neurobehavioral Sleep Clinic. Although the opportunities in the Neurobehavioral Sleep, CPAP, and Circadian and Complex Sleep Disorder Clinics are not formal opportunities the Acute Care resident may express desired opportunity to shadow these experiences, if time available in the training year allows (case-by-case basis).
Supervisor: *Kristina Decker, Ph.D.*
Location: *Main Hospital Campus*

Training Objectives:
1. To understand the normative development of sleep from infancy through adolescence and to appreciate individual and family differences as it is related to sleep health and sleep practices.
2. To understand various presentations of disordered sleep including both primary sleep disorders and behavioral insomnia.
3. To learn the standards of clinical practice for sleep assessment.
4. To gain proficiency assessing sleep problems in children and delivering timely and effective communication to families and referring physicians regarding clinical impressions and a treatment plan.
5. To gain proficiency in providing cognitive behavioral interventions using evidenced based practice guidelines that are sensitive to unique individual and family differences and preferences for treatment.

Epilepsy Clinic:
CCHMC's Comprehensive Epilepsy Center (CEC) is an interdisciplinary team that specializes in the diagnosis and treatment of children who experience seizures. Interdisciplinary teams include epileptologists, a pharmacist, pediatric nurse practitioners, social workers, registered nurses, psychologists, school intervention specialists, dieticians, access language specialists and research personnel. CEC is one of the only centers to have psychologists fully integrated into interdisciplinary teams. This team approach combines state-of-the-art clinical care, detailed education and cutting-edge research to design an individualized treatment plan for children and adolescents with epilepsy. Patients with epilepsy are at higher risk for neurodevelopmental, social, emotional, and behavioral comorbidities compared to children with other chronic health conditions. Youth with epilepsy are also at higher risk for self-injurious behavior and suicidal ideation compared to youth without epilepsy. Common comorbidities include anxiety, depression, disruptive behaviors, ADHD, learning disorders, developmental delays, and autism spectrum disorder. As part of the Epilepsy Psychosocial Service, interns will function as an integrated member of an interdisciplinary team conducting brief psychosocial assessments, delivering focused evidence-based interventions, triaging to appropriate service lines, and providing consultation to services. The Epilepsy Psychosocial Service adopts a proactive approach to assessment and treatment, with a focus on identifying patients at-risk or already experiencing psychological symptoms. Common intervention targets include treatment adherence, coping skills and adjustment,

sleep problems, stress management, medication side effects, needle phobia, pill swallowing, learning difficulties, executive functioning difficulties, mood, behavior, caregiver stress, and transition to adult care. To address the complex care needs of patients and their families, collaborative care referrals are commonly triaged to pediatricians, social workers, outpatient therapy, psychiatry, developmental assessment and treatment, neuropsychological evaluation, educational services, speech intervention/therapy, and neurocognitive rehabilitation. Supervisors on the rotation take a tailored, developmental approach to training.
Supervisors: *Lisa Clifford, Ph.D. & Shannon Brothers, Ph.D.*
Location: *Main Hospital Campus or Green Township (approximately 25-minute drive from Main Campus)*

Training Objectives:

1. To understand the different types of epilepsy, epilepsy syndromes and common developmental and behavioral health comorbidities.
2. To gain insight into the biological, psychological, and social risk factors associated with the increased risk for suicidality and self-harm in youth with epilepsy.
3. To gain proficiency in conducting brief psychosocial assessments focused on epilepsy management and associated comorbidities, with consideration of the unique needs of children and their families.
4. To gain proficiency in the delivery of brief, tailored evidence-based treatment for common psychosocial concerns (e.g., pill swallowing, sleep, adjustment) and behavioral health comorbidities (e.g., anxiety, depression, executive functioning difficulties).
5. To develop skills in collaborative care coordination within the context of a multidisciplinary team as well as skills in effectively triaging to medical, mental health, and community referrals.

Shared Training Experiences for All Residents

Research Placement

Research Experience (1-year):
Given our strong commitment to scientist-practitioner training, residents participate in experiences which help them to integrate research into clinical practice. We recognize the importance of dissertation completion and provide some time (about 2 hours/week) during the internship schedule to work on the dissertation. It is our hope that residents will be able to successfully defend their dissertation prior to or while on internship.

In addition, we believe it is important for residents to become involved in clinical research. Thus, residents participate in a clinical research placement (4-6 hours/week, depending on dissertation completion status). It also provides an opportunity for the residents to begin or continue to make a "public" (i.e., present a paper, poster or co-author a manuscript) contribution to the field of psychology.

The research mentor and residents will reach a mutual agreement about what will be performed during the clinical research placement. Each resident will have the opportunity to co-author an abstract or manuscript, collaborate with a research mentor on manuscript reviews for journals, and become integrated into clinical research activities such as being trained in standardized assessment protocols or manualized treatment protocols for clinical trials, scoring and/or coding psychological measures.

Training Objectives:
1. Residents will be a co-author on an abstract or manuscript with the research mentor
2. Residents collaborated with research mentor on manuscript reviews for journals, if applicable
3. Residents will be integrated into lab activities (e.g., attended lab meetings, training in standardized assessment protocols, data collection for ongoing studies, training in manualized treatment protocols for clinical trials, scoring and/or coding measures, developing scoring programs, and gaining exposure to administrative and regulatory requirements for federally funded research)

Didactics

Didactics
Residents have the opportunity to participate in a number of seminars, grand rounds, didactics and other training activities. The overall aim of these training experiences is to provide the residents with formal instruction on topics relevant to their practice as professional psychologists.

Training Excellence Seminar
Residents will have approximately one Training Excellence seminar a month, which will provide didactic and experiential training that fosters an understanding of cultural and individual differences as it relates to the practice of professional psychology..

Supervision Seminar
Residents will have approximately one supervision seminar a month, which will provide didactic and experiential training (i.e., group supervision, simulated case practice) that will increase skill in the area of clinical and research supervision.

O'Grady Didactic Series
Once a week, an hour-long seminar is held which all residents are required to attend. This seminar series focuses on didactic material related to individual and cultural differences, nutrition and obesity, risk, prevention and trauma, medical disorders, clinical research, adherence, professional development, and ethics. Throughout the year, the O'Grady Didactic Series focus on review of APA Ethics and Ohio Law, confidentiality and the medical team, clinical care, research, suicidality/homicidality, and case studies which help residents learn about ethical issues related to working in a medical center. With respect to professional development, residents receive training in establishing relationships with other disciplines, use of electronic medical records professional communication, and time management.

Group Supervision
During rotations (Sleep, ADHD), at least twice a month, residents, fellows and/or faculty meet together to discuss current therapy or assessment cases. This meeting provides the residents with the opportunity to gain experience presenting cases in a clear, concise manner while receiving peer supervision.

Case Conference
Residents will give one formal case presentation which focuses on integrating research or evidence with practice. Residents receive training and support from supervisors as needed while they prepare for these case presentations.

Colloquia
Colloquium presentations, which are held monthly, provide a vehicle for residents to become acquainted with research and clinical practice issues of O'Grady post-doctoral fellows. Presentations cover a variety of topics in the areas of child behavior and nutrition, risk and prevention, adherence, pain and developmental psychology.

Psychology Research Group (PRG)
The purpose of this monthly meeting is to foster the development and review of research projects within the Division of Behavioral Medicine and Clinical Psychology. Faculty members present grant applications, manuscripts, or research ideas which are reviewed by at least one junior faculty member, one senior faculty member and one post-doctoral fellow. Through stimulating discussions of these internal reviews, residents learn about writing and reviewing manuscripts, the grant application process, research with diverse populations, research design and data analytic methods. Residents are encouraged two attend two PRG meetings during each 6-month period.

Hospital-Sponsored Programs
Cincinnati Children's offers several educational seminars including: pediatric grand rounds, child psychiatry grand rounds, child neurology grand rounds, interdisciplinary grand rounds, and nursing grand rounds. Residents can select seminars to attend based on their career aims and schedules.

Community Outreach

Residents will participate in a minimum of one community outreach presentation or volunteer experience each training year which will be pre-approved by the Training Director or Associate Training Director. They will have dedicated four flexible hours that they can set aside from their research and/or clinical work (after discussion with supervisor) to devote to preparing a presentation or volunteering in the community.

Evaluations

Formal evaluations are completed every six months by the training director, associate training director, and primary supervisors. A standard written form that incorporates subjective and objective ratings is used in conjunction with verbal feedback to document the growth and needs of each resident. A summary evaluation report is sent to the residents' graduate program training director after each six-month rotation (i.e., two letters). Additionally, an end of year competency assessment is completed in April to assess each resident's progress and mastery of the core competencies. Residents are also asked to evaluate and provide feedback to their supervisors at the end of each rotation.

Resident Supports

Orientation

The aim of our ~ 2-week orientation is to provide residents with the skills and tools they need to facilitate their adjustment to the medical center and begin their training year. Residents participate in a 3-day institution-level orientation and then spend the remainder of the orientation completing Graduate Medical Education trainings, meeting attendings, and engaging in divisional residency training which addresses office policies/procedures, provision of clinical services via telemedicine, rotation specific information, ethics, cultural competence, and professional development. Residents receive training in clinical issues including rapport building with children, parents and diverse clients, report writing, and assessment. Additionally, re-orientation to each 6-month rotations occur at rotation start to ensure adequate preparations for all clinical expectations.

Supervision

Each resident receives at least four hours (range 4-6 hours depending on rotation) of face-to-face supervision per week. Supervision includes direct observation of the clinical activity, as well as planning and discussing assessment or treatment issues. Supervision models vary somewhat depending upon the theoretical orientation of each supervisor. However, each supervisor is committed to the philosophy of using a developmental and individualized approach.

Professional Development Mentors (PDM)

Each resident is matched with a PDM based on interests and experience. Advisors meet during orientation with residents and then quarterly with residents to provide support and be available to discuss professional development issues including: dissertation status, career options, postdoctoral fellowship opportunities, and work/life balance. The advisor does not serve in an evaluative role for residents.

Resident-Faculty Liaison

A postdoctoral fellow, often a previous O'Grady resident, will meet with the residents monthly to candidly discuss adjustment and concerns related to the internship program, supervision, and career development. Residents also have an opportunity to problem-solve about general-training experiences.

Resident Lunch

Residents meet weekly over lunch. This is a structured time for them to share their perceptions, experiences and develop supportive relationships with one another.

Training Directors' Meetings

Residents meet with the Training Director Team twice a month. The aim of these informal meetings is to provide a forum for open discussion about current training issues and concerns. These meetings also provide an opportunity for mentoring and support.

Social Events

Residents are invited to a number of social events throughout the year. Behavioral Medicine and Clinical Psychology sponsors several social events for CCHMC faculty, staff, fellows and residents (e.g., Holiday Party, Welcome Reception, Graduation) which provide an opportunity to socialize outside of the hospital setting.

Appendix

1. The Division of Behavioral Medicine and Clinical Psychology (BMCP) Commitment to Inclusion and Health Excellence
2. Sample O'Grady Residency Rotation Schedule Overview
3. Sample O'Grady Resident Schedule: Behavioral Medicine Track
4. Sample O'Grady Resident Schedule: Clinical Child Track
5. Sample O'Grady Resident Schedule: Acute Care Track

BMCP Commitment to Inclusion & Health Excellence.

Representation Matters. The Division of Behavioral Medicine & Clinical Psychology (BMCP) is committed to cultivating a culture that values inclusion and health excellence (IHE). In line with this commitment, we have established the following Vision and Mission:

Vision: Community, Inclusion, Humility, Respect

Mission: (1) Building a culturally respectful and inclusive community where differences are valued and celebrated and (2) Leading and impacting IHE efforts within and outside of BMCP.

Inclusion Insights Survey
An anonymous survey aiming to track, highlight, and celebrate our inclusive division. Results are shared via BMCP Momentum (*Representation Matters Series*). The survey is offered annually for all BMCP faculty and staff to complete.
Lori.Crosby@cchmc.org
Shalonda.Slater@cchmc.org

BMCP Momentum
Monthly emails designed to share resources for continuing education, the wide range of communities BMCP employs and serves, points of discussion/reflection, and other inclusion-relevant materials.
BMCPMomentum@cchmc.org

Diving Deeper: Inclusion Insights
Monthly newsletter highlighting resources and inclusion efforts across different facets of BMCP, including clinical, research, community, education, and training.
Grace.Shelby@cchmc.org

Inclusion & Health Excellence (IHE) Training
The *IHE Champions* track increases competency in applying inclusive practices for health excellence as a professional psychologist and facilitation skills for leading IHE "train the trainer" sessions.

The *IHE Activist* track increases understanding of foundational inclusive practices and application in clinical, research, training, and administrative settings.
Lori.Crosby@cchmc.org
Desiree.Williford@cchmc.org

BMCP Groundwater Award
The annual *BMCP Groundwater Award* recognizes outstanding leaders who are supporting a culture that is inclusive for all employees and patients by focusing on "groundwater solutions" to address root causes, create new ways of connecting, provide new frameworks, and transform systems.

Affinity Groups
LGBTQA+ and Allies Group
An open, supportive, and non-judgmental place for members of BMCP to come together to discuss LGBTQA+ topics relevant to both our personal and professional lives, seek professional development (e.g., when and how to "come out" to colleagues/patients), and get to know one another! Allies are also welcome!
Katherine.Bedard@ cchmc.org

Black Psychologists and Allies Alliance
A place for members of BMCP with varying professional experience levels in BMCP with a shared passion for inclusion. The group promotes leadership, networking, shared experience, and professional development.
Shalonda.Slater@cchmc.org

IHE in Research
The *BMCP IHE Research Seminar Series* features bimonthly internal/external speakers with expertise championing inclusion and health excellence in research. Be on the lookout for calendar invites to this series.
Tiffany.Rybak@cchmc.org

An assessment workgroup created a resource guide for assessment and measurement of demographic characteristics and related themes that is available for any BMCP faculty or staff psychologists to consider for inclusion in their research or clinical assessment activities.
Stephen.Becker@cchmc.org

IHE in Patient Care
The *BMCP IHE Clinical Workgroup* is dedicated to promoting health excellence through more culturally responsive and inclusive clinical systems for all patients and families. Efforts toward culturally responsive information seeking and culturally responsive information sharing are currently underway.
Neeraja.Ravindran@cchmc.org
BMCP.IHE.Clinical@cchmc.org

IHE in Education and Training
The *BMCP Psychology Fellowship* program offers a 3-part (6 hours total) didactic series on IHE for all fellows. In addition, a Fellow Representative continues to serve on the BMCP Inclusion Council each year.
Megan.Stone@cchmc.org

The ***O'Grady Residency in Psychology*** offers a Training Excellence subcommittee.
Sanita.Ley@cchmc.org

IHE Trainings in DDBP
IHE-focused discussions and presentations through DDBP's *Building BRIDGES (Belonging, Respect, Insight, Dialogue, Growth, Empowerment, and Support) Program* open to all BMCP faculty, staff, and Fellows. In addition, all BMCP-NDBP Psychologists and Fellows participate in regular discipline-specific trainings offered by the Building BRIDGES program.
Neeraja.Ravindran@cchmc.org
DDBP.BuildingBRIDGES@cchmc.org

2. Sample O'Grady Residency Rotation Schedule Overview

Behavioral Medicine Track

Resident A – Yearlong – McCann / Research – Hommel / PDM – Ernst

6 Month Major Rotation July - December	6 Month Major Rotation January - June
GI Miller	CL Bedard Thomas
6 Month Minor Rotation July - December	**6 Month Minor Rotation** January -June
Cardiology Assessment Morrison Epilepsy Clinic Brothers	Headache Center/Biofeedback Slater

Resident B – Yearlong – Austin / Research – Zeller / PDM – Clifford

6 Month Major Rotation July - December	6 Month Major Rotation January - June
Pain Lynch Jordan	GI Miller
6 Month Minor Rotation July - December	**6 Month Minor Rotation** January -June
Neuropsychology Bebee Diabetes Smith	FIRST Homan

Resident C – Yearlong – Ley / Research – McGrady/Crosby / PDM – Okoroji

6 Month Major Rotation July - December	6 Month Major Rotation January - June
CL Bedard Thomas	Sleep Byars
6 Month Minor Rotation July - December	**6 Month Minor Rotation** January -June
Headache Center/Biofeedback Slater	Neuropsychology Bebee Epilepsy Clinic Brothers

Resident D – Yearlong – Barnett / Research – Kashikar-Zuck/ PDM – Aarnio Peterson

6 Month Major Rotation July - December	6 Month Major Rotation January - June
Sleep Byars	Pain Lynch Jordan
6 Month Minor Rotation July - December	**6 Month Minor Rotation** January -June
FIRST Homan	Cardiology Assessment Morrison Primary Care Ryan

Child Clinical Track

Resident Child Clinical – Yearlong – Wesley, Research - Becker, PDM – Stone-Heaberlin

6 Month Rotation July - December	6 Month Rotation January - June
ADHD Evaluation – Lupas ADHD Parent Group – Lupas Primary Care – Unrue Trauma/Neglect – Bensman PCIT Training: August 21-24, (9am- 3pm); October 23-25, (9am-12pm)	ADHD Evaluation – Lupas Academic Success Group – Lupas Sleep Medicine – Decker Epilepsy Clinic – Clifford

Acute Care Track

Resident A – Yearlong – Nyquist, Research - Beal, PDM – Young

6 Month Rotation July - December	6 Month Rotation January - June
Acute Psychiatry Inpatient - Vaughn Neurobehavioral Partial Hospitalization Program (PHP) – Faler	CHECK Foster Care Clinic – Bemerer Outpatient Eating Disorders Treatment – Aarnio-Peterson DBT Skills Group – Aarnio-Peterson NDBP School-Age/Adolescent Assessment – Hartley

Resident B – Yearlong – Sarawgi, Research - Tamm, PDM – Joffe

6 Month Rotation July - December	6 Month Rotation January - June
CHECK Foster Care Clinic – Bemerer DBT Skills Group – Aarnio-Peterson NDP School-Age/Adolescent Assessment – Hartley	Acute Psychiatry Inpatient - Vaughn Neurobehavioral Partial Hospitalization Program (PHP) – Faler

3. Sample O'Grady Residency Schedule: Behavioral Medicine Track

Behavioral Medicine Track
July – December

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 a.m.		Research 8-11 AM	Cardiology Assessment 8 AM- 1 PM		Diabetes 8 AM – 12 PM
9:00	C/L Supervision 9-10 AM			C/L Census meeting 9-10 AM	
10:00	Research 10-12pm			C/L 10 AM - 1 PM Attend PRG 2x during this 6-month rotation	
11:00		Research Supervision 11-12PM			
12:00 p.m.	Resident Lunch 12-1 PM				Diabetes Supervision (12-1pm)
1:00	Didactics 1-2 PM	C/L 1- 5 PM	Cardiology Supervision Stacey Morrison 1-2 pm	Year-Long Outpatients 1-2 PM	
2:00	Training Director Meeting (1st, 3rd) Supervision/Training Excellence Seminar (2nd, 4th, and 5th) 2-3 PM			Yearlong Supervision 2-3 PM	
3:00	Year-Long Outpatients 3-5 PM		C/L 10 AM - 12 PM	Year-Long Outpatients 3-5 PM	
4:00					

Individual resident's schedule to be finalized by supervisor and resident at the beginning of the rotation
Research Time = A minimum of 4hrs/week should be spent on Research Experience; remainder = personal research.
Didactics: PRG, Colloquium or Pediatric Grand Rounds should be attended per schedule availability

Behavioral Medicine Track
January – June

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 a.m.	GI Clinic 8 AM – 12 PM	Primary Care 8-12 PM	Research 8 AM-11 PM	GI Clinic/ Outpatients 8 AM – 12 PM	GI Clinic 8 AM – 12 PM
9:00					
10:00				Attend PRG 2x during this 6-month rotation	
11:00					
12:00 p.m.	Resident Lunch 12-1 PM	Primary Care Supervision 12-1PM	Epilepsy Supervision 12- 1PM		
1:00	Didactics 1-2 PM		Epilepsy Clinic 1-5 PM	Yearlong Supervision 1-2PM	Research 1-3PM
2:00	Training Director Meeting (1st, 3rd) Supervision/ Training Excellence Seminar (2nd, 4th, and 5th) 2 – 3 PM	GI/Year-Long Outpatients 2-5 PM			
3:00	GI/Year-Long Outpatients 3-6 PM				Research Supervision 3-4 PM
4:00					

Individual resident's schedule to be finalized by supervisor and resident at the beginning of the rotation
Research Time = A minimum of 4hrs/week should be spent on Research Experience; remainder = personal research.
Didactics: PRG, Colloquium or Pediatric Grand Rounds should be attended per schedule availability

4. Sample O'Grady Residency Schedule: Clinical Child Track

Clinical Child Track
July – December

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 AM		Research 8-10 AM	Center for ADHD Seminar Series 8:30-9:30 AM (when scheduled)	Epilepsy Clinic 8-12 PM	
9:00 AM	Research 9-12 PM				Center for ADHD Assessment/ Treatment 9 AM-5 PM
10:00 AM			ADHD Assessment Supervision 10-11 AM	Attend PRG 2x during this 6-month rotation	
11:00 AM		Trauma and Neglect 11 AM – 5 PM	Research Supervision 11-12 PM		
12:00 PM	Resident Lunch 12-1 PM	Trauma and Neglect Supervision 12-1 PM	Yearlong Supervision 12-1 PM	Epilepsy Supervision 12-1PM	Center for ADHD First Friday Case Conference / All-Trainee Group Supervision 12-1 PM
1:00 PM	Didactics 1-2 PM		Center for ADHD Assessment/ Treatment 9:30-4 PM		
2:00 PM	Training Director Meeting (1st, 3rd) Supervision/ Training Excellence Seminar (2nd, 4th, and 5th) 2 – 3 PM				
3:00 PM	Yearlong Outpatients 2-5 PM			Yearlong Outpatient 3-4PM	Yearlong Outpatients 3-5 PM
4:00 PM			ADHD Parent Group (8 weeks) 4-6:00 PM		
5:00 PM					

Individual resident's schedule to be finalized by supervisor and resident at the beginning of the rotation
Research Time = A minimum of 4hrs/week should be spent on Research Experience; remainder = personal research.
Didactics: PRG, Colloquium or Pediatric Grand Rounds should be attended per schedule availability

Clinical Child Track
January – June

	Monday	Tuesday		Wednesday	Thursday	Friday	
8:00 AM	Research 8-11 PM	(1st ,3rd) Sleep Evaluations 8:15-10 AM	(2nd, 4th) Sleep Evaluations 8:15-12 PM	Center for ADHD Seminar Series 8:30-9:30 AM (when scheduled)	Optional Sleep CORE Seminar 8-9 AM		
9:00 AM					Primary Care Supervision (via Teams) 9-10 AM	Center for ADHD Assessment/ Treatment 9-5 PM	
10:00 AM		Co-Tx Case 10-11 AM		ADHD Assessment Supervision 10-11 AM	Attend PRG 2x during this 6-month rotation		
11:00 AM		Co-Tx Case 11-12 PM		Research Supervision 11-12 PM			
12:00 PM	Resident Lunch 12-1 PM	Travel to Winslow	Sleep Supervision 12-1 PM	Yearlong Supervision 12-1 PM		Center for ADHD First Friday Case Conference / All-Trainee Group Supervision 12-1 PM	
1:00 PM	Didactics 1-2 pm		Travel to Winslow	Center for ADHD Assessment/ Treatment 1 PM-4 PM	Primary Care 1-5PM	(1st ,3rd) Sleep Supervision (via Teams) 1-2 PM	(2nd, 4th)
2:00 PM	Training Director Meeting (1st, 3rd) Supervision/ Training Excellence Seminar (2nd, 4th, and 5th) 2 – 3 PM	Yearlong Outpatients 2-5 PM					
3:00 PM	Research 3-5 PM					Yearlong Outpatients 3-5PM	
4:00 PM				Academic Success Group (7 weeks) 4-6 PM			
5:00 PM							

Individual resident's schedule to be finalized by supervisor and resident at the beginning of the rotation
Research Time = A minimum of 4hrs/week should be spent on Research Experience; remainder = personal research.
Didactics: PRG, Colloquium or Pediatric Grand Rounds should be attended per schedule availability

5. Sample O'Grady Residency Schedule: Acute Care Track

Acute Care Track
July – December

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 a.m.	Research 8 – 9 AM	Neurobehavioral PHP 8 AM – 12 PM		Inpatient Psychiatry 8 AM – 11:30 AM	Inpatient Psychiatry 8 AM – 12 PM
9:00	Yearlong Outpatients 9:30 – 10:30 AM		Yearlong Outpatient 9-10 AM		
10:00					
11:00	Research Supervision (Beal) 11 AM – 12 PM		Research 11AM -12PM		
12:00 p.m.	Colloquium (1st) Resident Lunch (2nd, 3rd, 4th, 5th) 12 – 1 PM	PHP Supervision (Faler) 12-1 PM		BHC Huddle 12:30-1:00 PM	
1:00	Didactics 1 – 2 PM	*Commute from College Hill to Base if Needed*	Yearlong Outpatient Supervision (Sarawgi) 1 – 2 PM	Inpatient Psychiatry 1 – 5 PM	BHC Huddle 1 – 1:30 PM Inpatient Psychiatry 1:30 – 5 PM
2:00	Training Director Meeting (1st, 3rd) Supervision/ Training Excellence Seminar (2nd, 4th, and 5th) 2 – 3 PM	Research 2-5 PM	Yearlong Outpatient 2-3 PM	Inpatient Psychiatry Supervision (Vaughn/Zoromski) 2 – 3 PM	
3:00	Yearlong Outpatients 3 – 5 PM		DBT Supervision (Aarnio-Peterson) 3 – 3:30 PM DBT Skills Group 3:30 – 5 PM		
4:00					

Individual resident's schedule to be finalized by supervisor and resident at the beginning of the rotation
Research Time = A minimum of 4hrs/week should be spent on Research Experience; remainder = personal research.
Didactics: PRG, Colloquium or Pediatric Grand Rounds should be attended per schedule availability

Acute Care Track
January – June

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 a.m.	Research 8 – 10 AM	CHECK Clinic 8 AM – 5 PM	Assessment 8 AM – 12 PM	CHECK Clinic 8 AM – 12 PM	
9:00					YL Outpatient Slot 9 – 10 AM
10:00	YL Outpatient Supervision (Sarawgi) 10:30 – 11:30 AM			*Attend PRG 2x during this 6-month rotation*	Inpatient Eating Disorder Supervision (Bennett) 10 – 11 AM
11:00					YL Outpatient Slot 11 AM – 12 PM
12:00 p.m.	Colloquium (1st) Resident Lunch (2nd, 3rd, 4th, 5th) 12 – 1 PM	CHECK Supervision (Bemerer) 12 – 1 PM		*Commute from Winslow to Base*	
1:00	Didactics 1 – 2 PM		Assessment Supervision (Hartley) 1 – 2 PM	Inpatient Eating Disorder Treatment 1 – 5 PM	Research Supervision (Beal) 1 – 2 PM
2:00	Training Director Meeting (1st, 3rd) Supervision/ Training Excellence Seminar (2nd, 4th, and 5th) 2 – 3 PM		*Commute from MOB to Base*		Research 2 – 5 PM
3:00	YL Outpatient Slots 3 – 5 PM				
4:00			YL Outpatient Slot 4 – 5 PM		

Individual resident's schedule to be finalized by supervisor and resident at the beginning of the rotation
Research Time = A minimum of 4hrs/week should be spent on Research Experience; remainder = personal research.
Didactics: PRG, Colloquium or Pediatric Grand Rounds should be attended per schedule availability