



**Doctoral Internship Training in Health Service Psychology  
Children's Healthcare of Atlanta at Emory University Department of Pediatrics  
Program Brochure 2025-2026  
(Revised August 2024)**

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APA-ACCREDITED\*

\*Questions regarding the program's accreditation status should be directed to:

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## OVERVIEW

Children's Healthcare of Atlanta is Georgia's leading pediatric healthcare provider with three hospitals and multiple neighborhood locations. For more than 100 years, our purpose has been the same: making kids better today and healthier tomorrow.

Children's Healthcare of Atlanta offers you the chance to build a stellar career with unmatched opportunities for collaboration among some of the best clinical and academic centers in the nation. We work with the following neighboring institutions to develop cutting-edge treatments and technologies to answer the most perplexing childhood medical questions:

- **Centers for Disease Control and Prevention (CDC)**
- **Emory University School of Medicine**
- **Georgia Institute of Technology**
- **Morehouse School of Medicine**

Children's Healthcare of Atlanta Doctoral Internship in Health Service Psychology at Emory University School of Medicine, Department of Pediatrics offers a tailored curriculum providing didactic and clinical training designed to meet the skill level and learning objectives of each intern. The internship offers the opportunity to match in one of six tracks to provide interns to gain a significant level of clinical expertise in a particular area. Although the tracks emphasize distinct areas of practice, all tracks endeavor to (A) train providers with the core skills required to provide clinical assessment and treatment services, to children and families, (B) create a learning environment where people effect treatment, research, and teaching characterized by respect, openness, and compassion toward others, and (C) foster skills, values, and awareness that promote the application of research science to innovate clinical practice within a pediatric medical clinic.

## **Guiding Principles**

The Children's Healthcare of Atlanta Doctoral Internship in Health Service Psychology at Emory University School of Medicine, Department of Pediatrics aims to transform the field pediatric psychology and developmental disabilities through state-of-the-art, evidenced based assessment, intervention, training and research. In doing so, we are:

- Oriented to children
- propelled by our people
- driven by science in every domain
- inspired by innovation and creativity
- connected by dialogue
- guided by compassion for our stakeholders and each other
- empowered by responsibility with our resources.

## **Diversity as a Core Component**

We believe that for our training program to be excellent, we must be attentive to individual and cultural diversity, and to this end, we value, appreciate, encourage and support a working culture that includes diversity. We value competence and commitment to show cultural sensitivity when interacting with peers, colleagues, supervisors, supervisees, and patients, and we strive to incorporate multicultural considerations in all of our scholarly, clinical, and training endeavors. The internship follows the policies of Emory University, the laws of the state of Georgia and the United States, and strives to meet the standards for diversity set by APA.

## **Program Aims**

The overarching aim of our internship is to prepare students to function as psychologists in a variety of settings, including as members of interdisciplinary teams providing health related services to children and their families. Interns completing our internship are well qualified to enter clinical, medical, or academic settings. Together, distinct training tracks maintain the following aims for all interns:

- To train providers with the core skills required to provide clinical services, while prioritizing the needs and interests of children and families.
- To create a learning environment where people affect treatment, research, and teaching while engaged in dialogue that is characterized by respect, openness and compassion.
- To foster skills, values and awareness that promote the use of science in making contributions to the field through scholarly and teaching pursuits that are innovative, excellent and take into account responsible use of resources.

## **Training Philosophy**

The Doctoral Internship provides training within a scientist practitioner model centered on the idea that principles and procedures of science for studying biological, psychological and social elements of the person form the basis not only for effective research, but also for ethical clinical services. Accordingly, the Internship utilizes data-based diagnostic and treatment procedures that are consistent with basic principles of learning and developmental psychopathology as embodied in the research literature, emphasizing special expertise in cognitive behavioral therapy, applied behavior analysis, child development, developmental disabilities, and/or diagnostic assessment.

## TRAINING AIMS

As one of the key programs that support the teaching mission of Children's Healthcare of Atlanta, the Internship holds a general aim of training future providers who will continue to live out the Guiding Principles listed above, which shape all activities at the Center. In this context, the Internship pursues the following three general aims, which align the values of the Children's with competencies that are fundamental to practice in the area of health services psychology.

A. **To train providers with the core skills required to provide clinical services, while prioritizing the needs and interests of children and families.** The following goals and competencies are aligned with this aim:

1. **INDIVIDUAL AND CULTURAL DIVERSITY:** Interns will demonstrate an intermediate to advanced level of professional psychology skills, abilities, proficiencies, and knowledge related to individual and cultural diversity (ICD) as they pertain to all areas of professional practice.

**Objective 1(A)** Interns will demonstrate through discussion and/or action, an awareness of elements of diversity in their own lives and how these elements may affect their professional thinking and behavior.

**Objective 1(B)** Interns will show an understanding of the implications of ICD for professional activities in assessment, treatment, research, consultation, and training/supervision, including detecting areas of knowledge about ICD which warrant additional study, training and/or consultation.

**Objective 1(C)** Interns will consistently show sensitivity and adaptability in responding to ICD and to apply them to core areas of practice.

2. **ASSESSMENT:** Interns will demonstrate an intermediate to advanced level of professional psychology skills, abilities, proficiencies, and knowledge required competently to conduct psychological assessment.

**Objective 2(A)** Interns will be able to select appropriate standardized and/or clinical measures to use in addressing the referral question and be able to administer and score these tools with fidelity.

**Objective 2(B)** Interns will independently conduct effective initial clinical interviews

**Objective 2(C)** Interns will be able to describe assessment instruments/methods (including strengths and limitations) and how they may be used.

**Objective 2(D)** Interns will demonstrate awareness of issues of human development and diversity in using assessment or diagnostic information for case conceptualization and treatment planning.

**Objective 2(E)** Interns will demonstrate proficiency in writing assessment reports that integrate findings in a way that is accurate and is clear to professionals and consumers.

**Objective 2(F)** Interns will demonstrate proficiency in providing the results of the assessment in oral feedback to caregivers in a way that is accurate and is clear.

3. **INTERVENTION:** Interns will demonstrate an intermediate to advanced level of professional psychology skills, abilities, proficiencies, and knowledge required to implement effective interventions (including empirically supported treatments).

**Objective 3(A)** Interns will independently develop case conceptualizations and treatment planning that includes consideration of developmental, individual and cultural differences.

**Objective 3(B)** Interns will independently create treatment goals, select appropriate treatment options, and incorporate ongoing assessment results into treatment planning as needed.

**Objective 3(C)** Interns will demonstrate advanced clinical skills and the ability to flexibly utilize them, even in difficult clinical situations.

**Objective 3(D)** Interns will demonstrate proficiency in understanding standard treatment protocols and in independently administering them with high fidelity.

**Objective 3(E)** Interns will demonstrate the ability to generalize skills (e.g., teaching, assessment, behavior management) across clients, settings, and scenarios when appropriate.

**Objective 3(F)** Interns will demonstrate the ability to apply scientific methodology to evaluate treatment progress.

**4. CONSULTATION and INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS:** Interns will demonstrate an intermediate to advanced level of professional psychological skills, abilities, proficiencies, competencies, and/or knowledge related to consultation and interprofessional/interdisciplinary skills.

**Objective 4(A)** Interns will demonstrate an understanding of the fundamental skills and roles involved in consultation.

**Objective 4(B)** Interns will be able to select appropriate and contextually sensitive assessment/data gathering that answer consultation question.

**Objective 4(C)** Interns will propose an appropriate plan of action in response to a consultative referral question.

**Objective 4(D)** Interns will demonstrate proficiency in identifying, analyzing and responding to key ethical issues unique to consultative relationships.

**Objective 4(E)** Interns will be able to describe how other professions can make positive contributions to clinical care of shared patients, including demonstrating awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems (e.g., theoretical differences, training experiences, purpose of practice).

**Objective 4(F)** Interns will participate and initiate interdisciplinary collaboration/consultation directed toward shared goals.

**B. To create a learning environment where people effect treatment, research, and teaching while engaged in dialogue that is characterized by respect, openness and compassion.** The following goals and competencies are aligned with this aim:

**5. PROFESSIONALISM:** Interns will demonstrate an intermediate to advanced level of skills, abilities, proficiencies, and knowledge necessary to be competent with regard to professionalism in values, attitudes and behaviors.

**Objective 5(A)** Interns will monitor and resolve situations that require integrity, honesty, personal responsibility, and accountability.

**Objective 5(B)** Interns will demonstrate professional deportment: self-presentation, dress, behavior, communication in professional situations.

**Objective 5(C)** Interns will demonstrate the ability to understand the concern for the welfare of others which is at the core the profession of psychology, to assimilate this concern with the core values of the workplace, and to translate it in their work as health service providers.

**Objective 5(D)** Interns will demonstrate self-awareness and self-direction, related to professional behaviors, and to seek related supervision as appropriate.

**Objective 5(E)** Interns will be able to articulate a coherent professional identity that is consistent with the broader profession of psychology and takes into account pertinent current events in the field.

**Objective 5(F)** Interns will demonstrate awareness of their own bounds of competence and actively seek guidance, coaching, and/or feedback from their supervisor.

**Objective 5(G)** Interns will be prepared for supervision and demonstrate reflection on their own practices within supervision.

**Objective 5(H)** Interns will self-monitor issues related to self-care and promptly intervene when disruptions occur.

**6. COMMUNICATION & INTERPERSONAL SKILLS:** Interns will demonstrate an intermediate to advanced level of skills, abilities, proficiencies, and knowledge necessary to demonstrate competent communication and interpersonal skills.

**Objective 6(A)** Interns will demonstrate the ability to establish and maintain good rapport with clients, patients, supervisors, trainees, and other stakeholders.

**Objective 6(B)** Interns will be able to demonstrate clarity, accuracy, professional vocabulary and usage, and parsimony in oral and written communications.

**Objective 6(C)** Interns will demonstrate self-awareness and self-modification related to non-verbal communications, including appropriate management of their own affect.

**Objective 6(D)** Interns will demonstrate strategies to recognize, articulate, and resolve interpersonal differences or conflicts.

**7. ETHICAL AND LEGAL STANDARDS:** Interns will demonstrate an intermediate to advanced level of professional psychology skills, abilities, proficiencies, competencies, and knowledge related to ethical and legal standards.

**Objective 7(A)** Interns will demonstrate the ability to describe and apply general ethical principles, and to recognize possible breaches of the APA code of conduct.

**Objective 7(B)** Interns will be able to articulate and discuss the potentially competing interests among the general ethical principles, and to delineate a model by which ethical decisions may be achieved.

**Objective 7(C)** Interns will be able to describe hypothetical inconsistencies between ethical principles and guidelines versus laws or administrative policies that also guide professional behavior; as well as delineate possible processes by which ethical decisions and actions may be achieved in this context.

**Objective 7(D)** Interns will demonstrate proficiency in identifying, analyzing, and responding to key ethical issues related to professional practice: research, individual and cultural differences, clinical care (assessment, intervention, consultation), and supervision.

**C. To foster skills, values and awareness that promote the use of science in making contributions to the field through scholarly and teaching pursuits that are innovative, excellent and take into account responsible use of resources.** The following goals and competencies are aligned with this aim:

**8. RESEARCH & SCHOLARLY ACTIVITIES:** Interns will demonstrate an intermediate to advanced level of professional psychological skills, abilities, proficiencies, and knowledge necessary to generate and translate research.

**Objective 8(A)** Interns will demonstrate advanced knowledge of scientific foundations of psychology, including core science (i.e., biological, environmental, cognitive, and



affective), human development, and empirically-supported assessment and intervention for individuals with developmental disabilities.

**Objective 8(B)** Interns will demonstrate an advanced understanding of and appreciation for research methodology, data collection and analysis.

**Objective 8(C)** Interns will independently consume and discuss scientific literature in applying these findings to their own clinical practice and/or research.

**Objective 8(D)** Interns will demonstrate independence in scholarly endeavors.

Examples may include: independently develops research questions/studies, queries existing data bases, or presents professional advances in publication or at conferences.

**Objective 8(E)** Interns will demonstrate the ability to understand and communicate scholarly findings to others (e.g., supervisors, supervisees, other researchers/practitioners, caregivers).

**9. SUPERVISION:** Interns will demonstrate an intermediate to advanced level of professional psychological skills, abilities, proficiencies, and/or knowledge required to provide competent supervision.

**Objective 9(A)** Interns will be able to describe the ethical, legal, and contextual responsibilities and priorities in relationships between supervisors and supervisees.

**Objective 9(B)** Interns will be fluent in describing the primary model(s) that guide their provision of supervision.

**Objective 9(C)** Interns will demonstrate awareness of the impact of personal perceptions and styles on their relationships with supervisees and of those of supervisees' on their relationship with clients.

**Objective 9(D)** Interns will demonstrate proficiency in assessing, guiding and correcting the work of individuals under their supervision, including appropriate responses to potentially problematic supervision situations.

## **CURRICULUM AND TRACKS**

The Internship's philosophy of education holds that one best learns by studying and doing. Based on each intern's level of professional development, training proceeds in a progressive manner. Interns initially observe clinical cases with comment from the licensed psychologist supervisor, read select articles/chapters, and receive other forms of instruction to familiarize the intern with the particular issues involved with patients/families. The interns rapidly proceed to conducting sessions independently with frequent supervision and feedback, and they then progress to become more independent while increasing the number and types of cases with more complexity. Through the year, interns obtain over 500 hours of patient contact—more than the national standard. Licensed psychologist supervisors arrange multiple opportunities for interns to acquire skills by providing clinical services and conducting research. There are also opportunities for clinical education by professionals from other disciplines, including occupational therapists, physicians, and nurse practitioners (developmental-behavioral pediatrics, psychiatry), professional counselors, social workers, and speech pathologists. Learning is further supported by a didactic curriculum that was developed by Internship faculty to address core competence areas of professional psychology in health service settings and to provide advanced knowledge about pediatric conditions.

### **PRIMARY METHOD OF INSTRUCTION: SUPERVISED CLINICAL EXPERIENCES**

The overarching goal of our internship program is to prepare students to function as psychologists in a variety of settings, including as members of interdisciplinary teams providing health related services to children and their families. Training occurs through supervised experiences in outpatient and day treatment programs. Interns completing our internship are well qualified to enter clinical, medical, or academic settings.

Supervision of interns. At least one licensed psychologist is responsible for providing close supervision of the intern's performance on each clinical case. Interns consult daily with a faculty case manager to review case responsibilities, selection and implementation of measurement and treatment procedures, data interpretation, and treatment planning. In addition, there are opportunities for direct observations with feedback both in vivo and by video recording, as well as co-therapy with faculty members. Throughout the Children's Healthcare of Atlanta there are rooms equipped with two-way mirrors and/or video recording equipment that feed live or recorded video to any computer in the building—including in faculty offices. The program strictly adheres to the APA guidelines of two hours of individual and two hours of additional (group or individual) supervision per week, with at least 80% coming from a licensed psychologist. Face-to-face supervision is the primary supervisory modality utilized in the internship training program. Telesupervision is available as a component of the internship training program to ensure that interns have access to optimal supervisory expertise and oversight for clinical training activities when in-person supervision is deemed impractical, generally due to geographic constraints, or unsafe due to health considerations. Additional information is available in the program's telesupervision policy. A secondary licensed supervisor (e.g., psychiatrist, social worker, counselor, marriage and family therapist) or postdoctoral psychology resident may provide up to 20% of interns' supervision. Interns also have a chance to with collaborate and learn from other professional providers.

## CLINICAL TRACKS

### **BEHAVIORAL MENTAL HEALTH TRACK (2 positions total: 1 General BMH position and 1 Bilingual (Spanish/English) position)**

The **Behavioral and Mental Health Track** at Children's Healthcare of Atlanta seeks to ensure patients receive access to behavioral and mental health services that will improve their quality of life and ability to thrive. Interns spend time in the **Outpatient Clinic** as well as the **Integrated Primary Care Clinic** at Hughes Spalding.

The **BMH Outpatient Clinic** serves a *general* child clinical and adolescent population referred from internal Children's specialty medical clinics and aims to increase the continuity of care available to Children's patients to include behavioral and mental health care. The outpatient clinic serves children with a broad range of concerns associated with anxiety, mood disorders, post-traumatic stress symptoms, somatic symptoms, medical adherence concerns, and behavioral problems. Many patients have comorbid medical conditions and are referred from endocrinology, oncology, neurology, transplant, and orthopedics. A multi-disciplinary team of psychologists, social workers, nurse practitioners, and physicians provide both assessment and treatment services for children. Treatment modalities include individual therapy, group therapy, family therapy, and parent training. Evidence based practices such as cognitive behavioral therapy, acceptance and commitment therapy, parent-child interaction therapy, and trauma-focused cognitive behavioral therapy are used. Medication management is provided as needed for patients. Faculty have interests in treating trauma, mood disorders, anxiety, chronic pain, and developmental disabilities. Interns will participate in monthly multidisciplinary case consultations and staff meetings. During your rotations at our BMH Outpatient Clinic, there will be opportunities to get training in completing intake assessments for a variety of child clinical and adolescent behavioral health concerns for a range of ages. There are also opportunities to get more specialized training in our Parent-Child Interaction Therapy and Trauma Clinics.

Children's **Integrated Care Team** provides behavioral health in primary care and provides consultative and brief intervention services in the pediatric primary care practice at Hughes-Spalding. The practice serves a high proportion of children insured by Medicaid and is comprised of a team of pediatricians, medical residents and interns, psychiatrists, psychiatric nurse practitioners, psychologists, nurses, medical assistants, social workers, nutritionist, interpreters, and a growing team of behavioral and mental health therapists (LCSWs and LPCs). Interns can expect to provide brief behavioral and mental health consultations during patients' medical appointments. Common presenting concerns seen in consultations include disruptive behavior, trauma, autism spectrum disorder, ADHD, anxiety, and depression. Interns will also participate in follow-up visits focusing on brief, solution-focused interventions, either in conjunction with medical visits or during standalone behavioral and mental health visits. In addition, interns may participate in conducting expedited autism assessments for young children. Interns will participate in consultation and assessments with the supervisor initially and will gradually be given independence to conduct sessions as they demonstrate competency with the presenting concerns. Given the fast-paced nature of the Integrated Primary Care setting, the timeline will differ for each intern and each professional activity.

Due to the large and ever-growing number of Spanish-speaking families with behavioral health needs in our clinics, this track is prioritizing having 1 **Bilingual** (Spanish/English) intern. There are a variety of opportunities for bilingual training and supervision within the Behavioral Mental

Health Track. There are bilingual supervisors as part of the BMH Outpatient Clinic and on the Integrated Care Team. There is the opportunity for specialized training in how to linguistically and culturally adapt Trauma-Focused Cognitive Behavior Therapy to working with Spanish-speaking families in our Trauma Clinic. There are also opportunities to work with additional bilingual supervisors on minor rotations in autism assessment and early intervention, pediatric cancer, and neuropsychological testing.

The Children’s Behavioral and Mental Health Outpatient Clinic and Integrated Care Clinic are relatively new, opening in 2021. This allows a unique opportunity for interns to gain experience in program development from both clinical and operational standpoints.

Interns will split their time between the Behavioral Mental Health Outpatient Clinic (Chantilly/Zalik location) and Integrated Primary Care at Hughes Spalding.

Sample BMH Track Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 AM	Hughes Integrated Primary Care Consults	Minor Rotation		PCIT Clinic	Hughes Integrated Primary Care ASD Evaluations
8:30 AM					
9:00 AM					
9:30 AM					
10:00 AM					
10:30 AM					
11:00 AM	Supervision		TF-CBT Clinic		
11:30 AM					
12:00 PM	Hughes Integrated Primary Care Therapy	BMH Center Meetings	Trauma Didactics		Didactics
12:30 PM					
1:00 PM			Supervision		
1:30 PM			Supervision		
2:00 PM					
2:30 PM					Supervision
3:00 PM		General Outpatient Therapy Patients	TF-CBT Clinic		Admin
3:30 PM					
4:00 PM				Admin	
4:30 PM					
5:00 PM					
5:30 PM					

**COMPLEX BEHAVIOR SUPPORT PROGRAM TRACK (1 position)**

The **Complex Behavior Support Program** at the Marcus Autism Center provides a continuum of services for individuals with developmental disabilities between the ages of 2 and 21 years who display severe forms of externalizing behavior such as self-injurious behavior (SIB), aggression, property destruction, tantrums, elopement, pica and toileting incontinence. The primary goals of the program are to: (a) serve as a model for the evaluation and treatment of destructive behavior displayed by persons with developmental disabilities, (b) foster the development of new therapeutic procedures through systematic research, and (c) promote the effective application of empirically supported treatments through training and consultation.

The goal for each client is to decrease the occurrence of behavior that poses safety risks or interferes with their long-term quality of life. This process includes functional behavior assessment and evaluation of individualized intervention strategies. Therapeutic gains are systematically generalized to the client's home environment, community, and school as relevant. Social and ecological validity of interventions is also a significant area of emphasis in all Complex Behavior Support programming and regularly reviewed as a department.

Four clinical services are available, with level of care matched to client and caregiver characteristics. Interns in the full-year Complex Behavior Support Program will spend half of the year in our Intensive Outpatient Program, which serves the most severe and complex behavioral cases in the region. Within this program, clients receive services for 5-hours a day, 5-days a week, for an average of 4 months. Individuals are referred to this program if their behavior is placing their family in a state of crisis (e.g., behavior is causing significant injuries or the family is considering residential placement for the individual) or if their behavior cannot safely be managed by the caregivers. Common service progression includes detailed functional analyses, teaching of adaptive behavior (e.g., functional communication training), identification of environmental accommodations, reinforcement for alternative behaviors on a dense schedule, schedule thinning, caregiver training, and generalization.

During the other half-year rotation in the Complex Behavior Support Program, interns gain experience providing a variety of less intensive outpatient type services. Interns will be matched to experiences based on interest as possible. Some examples of these outpatient services can include but are not limited to:

- **Updated Diagnostic Testing:** Conducting assessment appointments to update individual's diagnoses to access behavioral services. These appointments often entail administration of caregiver completed measures, an autism specific clinician measure and semi-structured interview and observation of the individual and caregivers. These appointments are often conducted via telehealth with a licensed psychologist.
- **Intakes:** Conducting intake appointments to determine the appropriate referral for services in the Complex Behavior Support Program. These appointments entail structured interview and observation to determine level of care required. These are often conducted via telehealth and with a BCBA or licensed psychologist.
- **Caregiver Psychoeducation:** Conducting appointments in our RUBI Parent Training Program. This program uses a manualized intervention to support caregivers in addressing behaviors targeted for reduction. Each week involves teaching a new behavioral strategy that the parent is coached to implement. RUBI usually includes 12-15 hour-long appointments conducted weekly via telehealth with a licensed psychologist.
- **Caregiver-mediated Behavioral Intervention:** Conducting appointments in our Brief Behavior Intervention Program. This program works with clients whose behavior can be safely managed in a 1:1 context. Typically, appointments are twice a week for around a total of 5 hours with a BCBA and RBT. Some appointments are conducted via telehealth while some are in person.
- **Short Term Follow Up:** Coaching caregivers to continue to implement behavioral strategies with high integrity following a successful discharge from our Intensive Outpatient Program to ensure long term maintenance of skills.
- **Toileting:** Working 1:1 with a client to address toileting concerns using a systematic intensive toileting protocol.

- **Transition Program:** Working 1:1 with a client on skill acquisition and skill readiness protocols to ensure a successful transition back to school following a more intensive service admission.
- **Hospital Consultation:** Working with caregivers and health providers to provide general recommendations regarding environmental modifications and antecedent strategies to maximize safety and effectiveness of medical intervention for individuals with developmental disabilities within affiliated hospital settings.
- **Other Opportunities:** There are various other types of outpatient appointments that could also be experiences including Consultation Appointments, Long Term Follow Up Appointments or even conducting sessions our Single Subject Research Laboratory.

Sample Complex Behavior Track Schedule

Intensive Outpatient Rotation					General Behavioral Outpatient Rotation							
Monday	Tuesday	Wednesday	Thursday	Friday	Monday	Tuesday	Wednesday	Thursday	Friday			
Client Prep	Client Prep	Client Prep	Client Prep	Client Prep								
IOP Client Hours (alternate implementing sessions & data collection)	IOP Client Hours (alternate implementing sessions & data collection)	IOP Client Hours (alternate implementing sessions & data collection)	IOP Client Hours (alternate implementing sessions & data collection)	IOP Client Hours (alternate implementing sessions & data collection)								
					TBD	BBI Clinic	Updated Diagnostic Testing / Intakes	TBD	Transition Program / Toileting			
					Follow Up / Consult Appointments					Graphing / Admin	Individual Supervision	
					Graphing / Admin					LUNCH	LUNCH	LUNCH
Clean Up / Graphing	Clean Up / Graphing	Clean Up / Graphing	Clean Up / Graphing	Didactics & Group Supervision	Individual Supervision	Individual Supervision	Graphing / Admin	BBI Clinic	Didactics & Group Supervision			
LUNCH	LUNCH	LUNCH	LUNCH	TBD	Follow Up / Consult Appointments	RUBI Clinic	BBI Clinic		Graphing / Admin			
Minor Rotation in another clinic	TBD	Individual Supervision	Staff Meeting & Graph Review	Individual Supervision					Minor Rotation in another clinic	Graphing / Admin	Individual Supervision	Individual Supervision
	Staff Meeting & Graph Review	Staff Meeting & Graph Review	Team Supervision	TBD								TBD
					TBD	TBD			Graphing / Admin	TBD		
									Individual Supervision			

\*TBD = can be filled as needed (e.g., protocol writing, admin tasks, additional trainings) AND/OR as desired (e.g., additional clinical experiences, research meetings/projects, psychologist rounds, other didactic experiences)

**INTENSIVE INTERVENTION TRACK (4 positions)**

Interns in this track will spend 6 months in the Skill Acquisition Program and 6 months in the Multidisciplinary Feeding Program for a total of 2, 6-month major rotations.

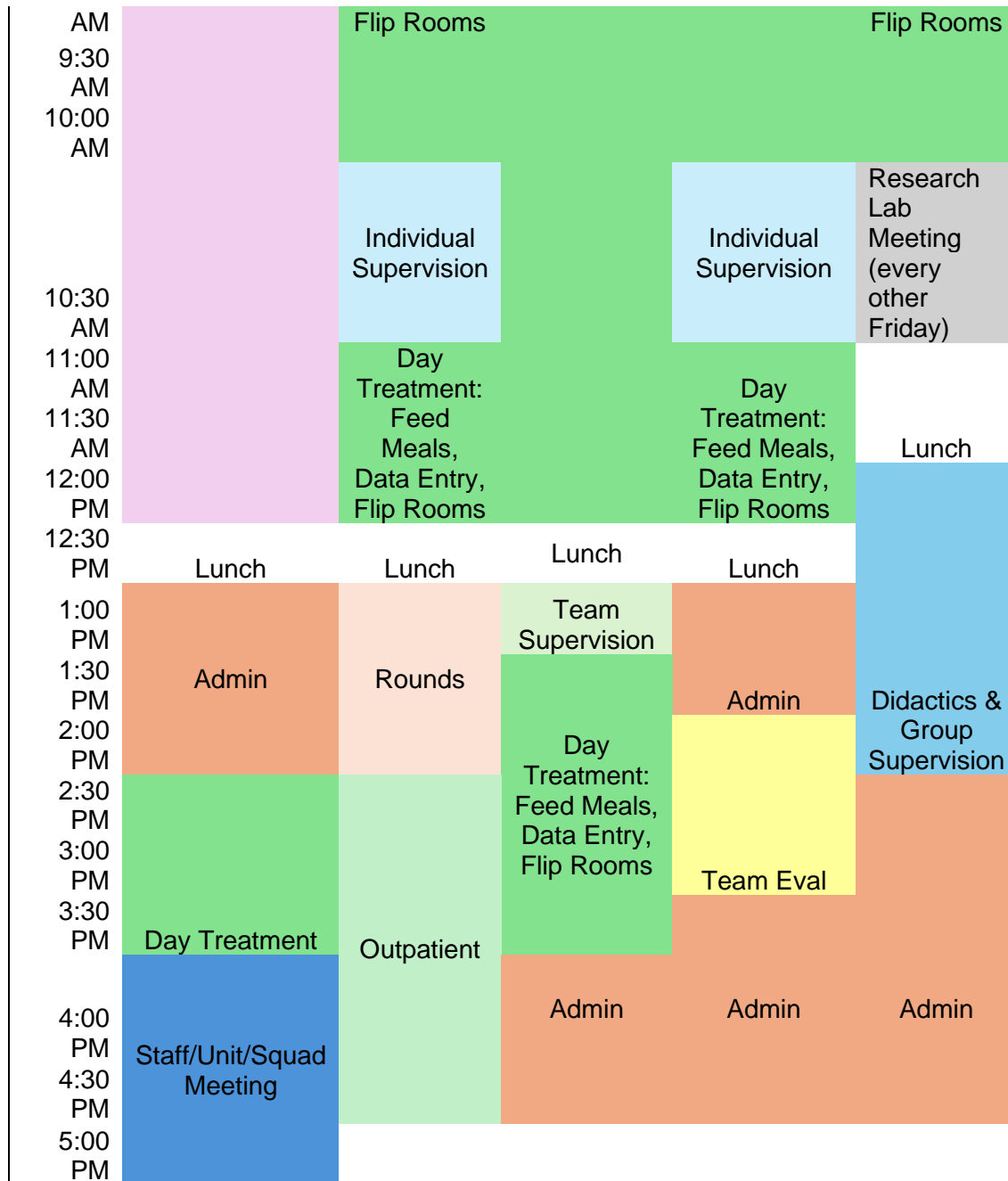
The **Multidisciplinary Feeding Program** offers an intern the opportunity to work with children ages 9 months to 21 years who do not consume enough volume or variety of food to maintain adequate growth or nutrition. Children with this level of feeding disorder fall under the broader psychiatric diagnosis of Avoidant-Restrictive Food Intake Disorder (ARFID) or Pediatric Feeding Disorder (PFD). ARFID in pediatric populations or PFD often co-occurs with complex medical and/or developmental conditions (e.g., pre-maturity, gastrointestinal, cardiac, food allergy, autism); therefore, this rotation offers interns a breadth of training opportunities with a diverse range of patients. Our model of care involves multidisciplinary assessment and treatment and throughout the training year interns gain experience working with a team that includes physicians, nurse practitioners, dietitians, speech-language pathologists, an occupational therapist, and a social worker. Previous feeding experience is not required to apply for this position.

The **Skill Acquisition Program** at Marcus Autism Center serves children on the autism spectrum between the ages of 2 and 12 years (average 4 years of age) who are exhibiting significant language and social communication delays. Services provided focus on building communication skills, bolstering appropriate play and social skills, targeting foundational learning skills such as imitation and matching, and reducing barriers to learning (e.g., limited reinforcers, mild to moderate behavioral difficulties). The goal for each child admitted to the program is to acquire the critical skills they need in order to thrive in a less intensive setting. Children receive services between 3 and 6 hours per day, 5 days per week. All services are provided in a 1:1 format that utilizes a naturalistic developmental behavioral intervention (NDBI) approach to meet each child’s individual and developmental needs. Intervention also heavily involves caregivers via both didactic and in-vivo training to facilitate generalization, speed treatment progress, and support families holistically.

Interns in the Skill Acquisition Program have the opportunity to gain a diverse set of experiences that include working directly with children, providing consultation, and delivering caregiver training. They learn to conduct and utilize comprehensive language assessments to aid in the development of intervention programming that focuses on improving language skills, play skills, and adaptive skills and that addresses barriers that may interfere with learning. In addition, they learn how to integrate child development with evidenced-based practice in order to produce meaningful outcomes in the daily life of the children they work with. Interns will have opportunities to engage in multidisciplinary collaboration with clinical psychologists, board certified behavior analysts, registered behavior technicians, speech-language pathologists, nurse practitioners, and social workers. Interns will also have opportunities to participate in ongoing departmental research projects in the roles of designing and implementing research protocols, assisting with data collection and analysis, and manuscript writing.

Sample Intensive Intervention Track Schedule  
Feeding 1 Semester

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
8:00 AM	Minor	Day Treatment:	Day Treatment:	Day Treatment:	Day Treatment:
8:30 AM		Feed Meals,	Feed Meals,	Feed Meals,	Feed Meals,
9:00		Data Entry,	Flip Rooms	Flip Rooms	Data Entry,



Skill Acquisition 1 Semester



Day	Time	Duty	Description
Monday	8:30am – 8:45am	Desk Time	Arrival, Check Emails, Check Daily Schedule
	8:45am – 9:00am	Prepare Client A	Set Up Client Space, Gather Session Materials
	9:00am – 11:00am	Client A	1:1 Direct Intervention with Client A
	11:00am – 11:45am	Lunch	Lunch
	11:45am – 1:15pm	Client B	1:1 Direct Intervention with Client B
	1:15pm – 1:30pm	Prepare Client C	Set Up Client Space, Gather Session Materials
	1:30pm – 4:30pm	Client C	1:1 Direct Intervention with Client C
	4:30pm – 5:00pm	Desk Time	Documentation (Progress Notes, Data Entry, Emails), Departure
Tuesday	8:30am – 8:45am	Desk Time	Arrival, Check Emails, Check Daily Schedule
	8:45am – 9:30am	Floating/On-Call Pod	Support Therapists with Client and Clinic-Related Duties
	9:30am – 10:30am	Rounds	Rounding on Clinical Cases with Psychologists, BCBAs, Interns, Postdocs, and Master's Students
	10:30am – 11:00am	Floating/On-Call Pod	Support Therapists with Client and Clinic-Related Duties
	11:00am – 12:00pm	Client A	1:1 Direct Intervention with Client A
	12:00pm – 12:45pm	Lunch	Lunch
	12:45pm – 1:45pm	Client B (With In-Clinic Supervision)	1:1 Direct Intervention with Client B (With Individual Supervision from Psychologist)
	1:45pm – 3:00pm	Client C	1:1 Direct Intervention with Client C
	3:00pm – 4:00pm	Research	Time Off Schedule for Research
4:00pm- 5:00pm	Desk Time	Documentation (Progress Notes, Data Entry, Emails), Departure	
Wednesday	8:30am – 8:45am	Desk Time	Arrival, Check Emails, Check Daily Schedule
	8:45am – 9:00am	Prepare Client A	Set Up Client Space, Gather Session Materials
	9:00am – 11:00am	Client A	1:1 Direct Intervention with Client A
	11:15am – 12:00pm	Lunch	Lunch
	12:00pm – 1:00pm	Group Supervision	Group Supervision with Psychologists, BCBAs, Interns, and Postdocs
	1:00pm – 2:00pm	In-Office Supervision	Individual Supervision with Psychologist
	2:00pm – 3:00pm	Rounds	Rounding on Clinical Cases with Psychologists, BCBAs, Interns, Postdocs, and Master's Students
	3:00pm – 4:30pm	Client B	1:1 Direct Intervention with Client B
	4:30pm – 5:00pm	Desk Time	Documentation (Progress Notes, Data Entry, Emails), Departure

## MULTIDISCIPLINARY FEEDING PROGRAM TRACK (2 positions)

The **Pediatric Feeding Track** offers an intern the opportunity to work with children ages 9 months to 21 years who do not consume enough volume or variety of food to maintain adequate growth or nutrition. Children with this level of feeding disorder fall under the broader psychiatric diagnosis of Avoidant-Restrictive Food Intake Disorder (ARFID). ARFID in pediatric populations often co-occurs with complex medical and/or developmental conditions (e.g., pre-maturity, gastrointestinal, cardiac, food allergy, autism); therefore, this rotation offers interns a breadth of training opportunities with a diverse range of patients. Our model of care involves multidisciplinary assessment and treatment and throughout the training year interns gain experience working with a team that includes physicians, nurse practitioners, dietitians, speech-language pathologists, an occupational therapist, and a social worker.

The Pediatric Feeding Track offers a scientist practitioner model of training. Our clinic integrates science and best practices by involving a data-driven decision-pathway model of care that also facilitates new discoveries through single-subject research. The model of supervision is behavioral and involves competence-based benchmarks. The supervisor provides modeling and performance feedback with heavy oversight initially and support is faded as the internship progresses.

The intern in the Pediatric Feeding Track will spend a full year training in clinical experiences that include feeding assessments, intensive day treatment, and outpatient therapy. Across these areas, interns will gain experience with treatment approaches that include applied behavior analysis, parent training, parent-child interaction therapy, and manual-based interventions.

Interns will split their time between Marcus Autism Center, the Center for Advanced Pediatrics, and community outpatient settings. In addition to feeding, treatment often focuses on associated behavioral/pediatric concerns including sleep, toileting, and disruptive behavior. Professional opportunities include participating in grant funded and/or clinical research projects, presentations at regional and national conferences, and supervision of others.

Sample Feeding Track Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	
8:00 AM	Minor	Day Treatment: Feed Meals, Data Entry, Flip Rooms	Day Treatment: Feed Meals, Data Entry, Flip Rooms	Day Treatment: Feed Meals, Data Entry, Flip Rooms	Day Treatment: Feed Meals, Data Entry, Flip Rooms	
8:30 AM						
9:00 AM		Individual Supervision	Day Treatment: Feed Meals, Data Entry, Flip Rooms	Individual Supervision	Research Lab Meeting (every other Friday)	
9:30 AM						
10:00 AM		Day Treatment: Feed Meals, Data Entry, Flip Rooms	Day Treatment: Feed Meals, Data Entry, Flip Rooms	Day Treatment: Feed Meals, Data Entry, Flip Rooms	Lunch	
10:30 AM						
11:00 AM		Lunch	Lunch	Lunch	Lunch	
11:30 AM						
12:00 PM		Admin	Rounds	Team Supervision	Admin	Didactics & Group Supervision
12:30 PM						
1:00 PM	Day Treatment	Outpatient	Day Treatment: Feed Meals, Data Entry, Flip Rooms	Team Eval	Admin	
1:30 PM						
2:00 PM	Staff/Unit/Squad Meeting	Admin	Admin	Admin	Admin	
2:30 PM						
3:00 PM	Day Treatment	Outpatient	Day Treatment: Feed Meals, Data Entry, Flip Rooms	Team Eval	Admin	
3:30 PM						
4:00 PM	Staff/Unit/Squad Meeting	Admin	Admin	Admin	Admin	
4:30 PM						

PM			
5:00			
PM			

### NEURODEVELOPMENTAL ASSESSMENT AND EARLY INTERVENTION TRACK (2-3 positions)

Interns in this track split their time between two year-long major rotations with the **Clinical Assessment and Diagnostics (CAD) Department** and **Project ImPACT Early Intervention (EI) Clinic** at the Marcus Autism Center, with options for minor rotations in other CHOA clinics. These major rotations offer a shared focus on early identification of and supports for neurodevelopmental disorders as well as family engagement and empowerment. Families served represent diverse ethnocultural, racial, linguistic, and socioeconomic backgrounds, and most families qualify for state or federal Medicaid. An example of how interns may split their time each week is: 1 day in the EI Clinic, 2 days in CAD, as well as time committed to a minor rotation and administrative commitments, follow-up client care, and training commitments like didactics.

**CAD** emphasizes flexible, empirically supported approaches to clinical assessment with an emphasis on family-centered care. Within half- and full-day diagnostic assessments, interns support individuals ranging from infancy to late adolescence with a range of neurodevelopmental disorders, all with a presenting diagnostic question of autism. Although we serve a full age range of clients from 12 months to 18 years, most children seen are ages 5 and under. Children are commonly assessed for autism spectrum disorder as well as common differential diagnoses such as intellectual disability, language disorders, anxiety disorders, and ADHD. Assessments are designed to identify cognitive and developmental strengths and areas of challenge, assess adaptive functioning, provide diagnostic clarification, and aid families in identifying and accessing community-based supports. There are opportunities to join psychologists for evaluations across various research studies as well.

Assessment teams often consist of one psychologist working alongside an intern or postdoctoral fellow, with opportunities to consult with related professionals. Located alongside our clinic are psychiatrists, nurse practitioners, speech language pathologists, and social workers. Interns may also join psychologists conducting multidisciplinary evaluations with developmental behavioral pediatricians and neurologists. Interns will have the opportunity to participate in assessments that include interpreters and, for interested trainees proficient in Spanish, bilingual assessments, interventions, and supervision is available.

**EI** uses an outpatient parent coaching model to support families of autistic toddlers or those with social communication delays. EI centers on the evidence-based Project ImPACT curriculum while also supporting families in navigating barriers to care. The program emphasizes family engagement by coaching families on how to implement developmental and behavioral teaching strategies across daily routines and then creating plans for weekly practice. Children seen range from 12 to 40 months and demonstrate varying degrees of social and communication delays (e.g., skills ranging from limited vocal and gestural communication to speaking in short sentences with challenges engaging with others). Presenting concerns include autism but also language disorders, genetic disorders, cerebral palsy, and factors associated with preterm birth.

With respect to **intern supervision** across the EI and CAD major rotations, all psychologists are a part of the same team, with many working in both CAD and EI. Supervisors have broad

training in clinical psychology with experience working with pediatric populations with and without autism. Supervisors generally ascribe to a cognitive behavioral theoretical orientation. CAD and EI supervisors place high value on training and enjoy working closely with trainees from varied backgrounds.

	Monday	Tuesday	Wednesday	Thursday	Friday
8:30 AM	Autism Diagnostic Evaluation	Neurodevelopmental Evaluation <i>Developmental Neurology Team Evaluation</i>	Early Intervention Outpatient Clinic	Early Intervention Outpatient Clinic	Autism Diagnostic Evaluation <i>Research Clinical Characterization</i>
9:00 AM					
9:30 AM					
10:00 AM					
10:30 AM					
11:00 AM					
11:30 AM					
12:00 PM	Lunch	Lunch	Lunch	Lunch	Didactics
12:30 PM	Supervision	Report Writing	Minor Rotation	Early Intervention Outpatient Clinic	
1:00 PM	Diagnostic Intake				
1:30 PM					
2:00 PM					
2:30 PM					
2:30 PM	Clinical Team Meeting				
3:00 PM					
3:30 PM					
4:00 PM	Supervision	Admin			
4:30 PM					

### PEDIATRIC PSYCHOLOGY TRACK (2 positions)

The Pediatric Psychology Track offers an intern in-depth training in pediatric psychology. The Track teaches interns assessment, treatment, and consultation skills for youth presenting with co-occurring medical and psychological problems. Skills are developed across a continuum of care settings including: 1) clinic-based consultation, assessment, and intervention, and integrated care pediatric psychology, 2) inpatient pediatric psychology, and 3) consultation-liaison services across multiple medical specialties. Across settings, interns gain experience in multidisciplinary and interdisciplinary care of behavioral and medical problems. Focus is placed on learning to implement different models of psychological assessment and intervention in integrated care settings. Interns have the opportunity to maintain long-term treatment cases. Behavioral and cognitive-behavioral interventions are the primary treatment modalities, with emphasis on a family systems perspective.

Specific rotations may vary year to year, but typical pediatric psychology rotations include outpatient, clinic-based consultation and integrated care with the following patient populations: gastroenterology, endocrinology, sleep disorders, pain management, solid organ transplant, weight management, cardiac, cancer and blood disorders, differences in sex development, and NICU follow-up. In addition, inpatient pediatric psychology rotations are typically available in pain management, solid organ transplant, cancer and blood disorders, and rehabilitation.

Professional opportunities include participating in grant funded and/or clinical research projects, presentations at regional, national, and international conferences, and supervision of externs.

### SCHOOL CONSULTATION (1 position)

The Marcus Autism Center's **School Consultation Track** provides an intern opportunities to engage consultation and training with school professionals and parents to increase the behavioral functioning of children with developmental disabilities. The School Consultation Program provides consultation, direct assistance, and professional development for school systems to help them effectively serve students with educational needs and behavioral challenges—especially those diagnosed with autism and related disorders. Interns provide a variety of behavior analytic services within the school setting aimed at both increasing students' appropriate skills and decreasing aberrant behaviors that are disruptive in the classroom. In addition to school consultation, this intern provides direct service through the RUBI Parent Training Program. RUBI is an outpatient program developed and shown to decrease challenging behaviors in children with Autism Spectrum Disorder (ASD) between the ages of 3 and 10. The program involves teaching parents a number of strategies to prevent, manage, and reduce occurrences of problem behaviors of mild to moderate severity while promoting skill development. **Applicants must have a BCBA to be considered for this Track.**

In the School Consultation role, the intern will travel to schools across Georgia (mileage will be reimbursed) and provide consultation or training in a variety of settings – from Head Start classrooms to classrooms designed for transitioning to adulthood with students 18-21. The majority of our classrooms are in rural settings in low income districts where private therapy services are scarce. Therefore, high quality education using behavior analytic strategies are the only services many of our students receive. We work with teachers and administrators to build classroom structure that is understandable to students, create IEP goals that are informed from direct assessment (e.g., AFLS, ABLLS-R), train teachers to utilize behavior analytic teaching strategies to reach those IEP goals, and conduct functional behavior assessments (FBA) and behavior intervention plans (BIP). Furthermore, we have the Behavioral Consultative Assessment Support in Education Team (B-CASE Team) Project. In the B-CASE project we train school-based professionals to conduct the full range of FBAs, including experimental methods (i.e., functional analysis, structural analysis, concurrent operants assessments).

### **POSSIBLE MINOR ROTATIONS**

Interns in **all** tracks participate in a ½ day a week Minor Rotation. Minor Rotations are determined after the match. Possible minor rotations are listed below. The availability of minors varies from year to year.

**Behavior Mental Health Evaluation Clinic (minor rotation)** offers interns the opportunity conduct initial outpatient evaluations for children ages 4-18 years old to determine needed outpatient services (i.e., therapy, psychiatry). Patient concerns include anxiety, depression, disruptive behavior, ADHD, OCD, and trauma. Many patients have comorbid medical conditions and are referred from endocrinology, oncology, neurology, transplant, and orthopedics.

**RUBI-Parent Training Program (minor rotation)** within the Severe Behaviors Program is an outpatient program developed and shown to decrease challenging behaviors in children with an Autism Spectrum Disorder (ASD) between the ages of 3 and 10. The program involves teaching parents a number of strategies to prevent, manage, and reduce occurrences of problem behaviors of mild to moderate severity while promoting skill development.

**The Brief Behavior Intervention (BBI) Program (minor rotation)** is a weekly outpatient program. Children have a variety of problem behaviors of moderate to high severity, including aggression, self-injury, noncompliance, disruptive behavior, elopement, and pica. Targeted

treatment goals are achieved through the therapist coaching the caregiver in completing a functional analysis and implementing treatment. There is a heavy emphasis on parent training, with the caregivers rehearsing skills both during the appointment as well as between appointments. ABA experience is required.

The **Clinical Assessment and Diagnostic Department (minor rotation)** is a multidisciplinary clinic that provides diagnostic assessments of individuals with a wide range of neurodevelopmental disorders with a possible autism spectrum disorder. Children seen in the CAD clinic range from infancy to late adolescence with a focus on children ages 16 months to 6 years.

The **Cognitive Behavioral Therapy for Anxiety/ASD (minor rotation)** is 12-20 weekly individual therapy sessions with utilizing Facing Your Fears (e.g., emotional identification and awareness, exposure exercises, role modeling, using tech to integrate their strong interests, coping skills) Clients must be at least 10Y+ with average or above average IQ. Treatment will also include 3-week social skills module and weekly parent sessions. Individual therapy experience required.

The **Early Intervention Program (minor rotation)** is an outpatient 12- to 15-week naturalistic developmental behavioral intervention to help caregivers of children under the age of 42 months with social communication delays develop their children's play and communication skills. The program centers on the Project ImPACT parent coaching curriculum, which integrates behavior analytic techniques with child-led developmental strategies. Sessions take place once each week for one hour. Previous experience with parent coaching models preferred. BCBA supervision hours are not available for this rotation.

The **Multidisciplinary Pediatric Feeding Clinic (minor rotation)** offers interns the opportunity to work with children ages 9 months to 21 years who do not consume enough volume or variety of food to maintain adequate growth or nutrition. Children with this level of feeding disorder fall under the broader psychiatric diagnosis of Avoidant-Restrictive Food Intake Disorder (ARFID).

The **Neuropsychology Clinic (Minor open to Clinical Assessment and Diagnostics/Early Intervention Track Interns ONLY)** involves conducting psychological evaluations under the supervision of board-certified neuropsychologists in CHOA's neuropsychology program. Presenting concerns include TBI's, genetic disorders, seizure disorders, or chronic illnesses associated with neurocognitive deficits.

**Pediatric Psychology (minor rotation)** – Significant therapy experience and familiarity with medical populations required.

- Inpatient Rehabilitation- Assessment, consultation, and intervention on 27-bed inpatient pediatric rehabilitation unit on the Scottish Rite campus. Working with patients with diagnoses requiring intensive Occupational, Physical and Speech Therapies including traumatic and acquired brain injuries, spinal cord injury, and complex medical conditions.
- Sleep - The sleep rotation will focus on outpatient treatment of patients from infancy through young adulthood who are primarily presenting with insomnia or difficulties with adherence to CPAP using behavioral/cognitive behavioral interventions.

- Solid Organ Transplant - Consultation-liaison assessment and intervention with children and adolescents who have received kidney or liver transplants.
- Complex Headache - Complex Headache Clinic is a multidisciplinary outpatient clinic through the Department of Neurology that evaluates and treats children and adolescents with various headache disorders (e.g., chronic migraine, new daily persistent headache) that have persisted for more than 1 year or have failed to respond to several medical interventions.

## Shared Trainings

### **Didactic Seminars**

Throughout the year, the Internship arranges presentations by faculty, staff, postdoctoral fellows, visiting scholars and staff clinicians from other Children's Healthcare of Atlanta disciplines on subjects as diverse as pediatric psychology, anxiety treatment, behavioral assessment techniques, treatment design in applied behavior analysis, screening and diagnosis for developmental disabilities, ethics, manuscript review process, parent training, self-injurious behavior, pediatric feeding disorders, behavioral covariation, pediatric psychopharmacology, hyperactivity, neuromuscular disorders, and social acceptability of behavioral treatments. Interns also participate in a Children's wide didactic focused on diversity, equity, and inclusion at least five times during the year. Didactics generally occur three times a month.

### **Program-Wide Group Supervision**

Interns meet monthly as a group to participate in a shared supervision experience. These sessions take a broader look at clinical activities, and their relationship with other areas of professional identify and activities. Often the discussions turn to the "soft skills," which are trans-theoretical in their relevance for being an effective professional psychologist. Group supervision typically occurs once a month.

### **Diversity Seminar**

Interns monthly Diversity Seminars during the year. The seminars include psychologists and trainees from across the Children's Healthcare of Atlanta system and cover a variety of topics associated with diversity, equity, and inclusion within psychology. The seminars occur on Fridays at lunchtime.

### **Professional & Career Development Series**

In addition to the breadth of clinical and research experiences available, the internship provides instruction and training focusing specifically on the interns' continued growth and development as professionals. The professional development component of the training program is designed to facilitate the interns' acquisition of a postdoctoral fellowship or employment after the completion of the internship year. This series explores every aspect of the employment process and includes topics ranging from the development of a curriculum vita to contract negotiation. The discussions are intended to be responsive to the needs of the interns, so the topics can be tailored to address the changing concerns as expressed by the interns. This series typically occurs once a month.

The training director typically meets with interns once a month.

### **Grand Rounds**

**Grand Rounds** occur throughout the Children's Healthcare of Atlanta system. The Marcus Autism Center and Behavioral Mental Health Center provide monthly grand rounds as does Scottish Rite Hospital. Egleston also holds a monthly grand rounds. These series includes clinical and scientific lectures from Emory University and Children's Healthcare of Atlanta faculty and staff, as well as invited faculty from academic institutions from around the country. Interns are expected to attend 5 grand rounds (or equivalent presentations) during the year.

### **Summer Symposium**

Near the start of each training year, interns involved in the care of children with developmental disabilities join other trainees and professionals to attend the Marcus Autism Center Annual Summer Symposium. This symposium includes three full days (18 hours) of presentations that provide an in-depth review of key issues related to research and clinical care for the populations served by the Center. Topics in recent years have included defining, detecting and diagnosis ASD, ethical issues in identification and diagnosis, intervention programming, family and community programming, translational research, cultural diversity, telemedicine, nutrition, clinical trials, and animal models. An additional two-day (12 hours) Autism Diagnostic Observation Schedule, 2nd Edition Advanced Clinical Training is also available to interns.

### **INTERN RESEARCH PROJECT**

In order to learn skills related to clinical research, all interns are expected to complete a research project in collaboration with a faculty research preceptor. These projects must be separate from the dissertation, and must result in a research "product," in which the intern plays a major role. Most often this involves first authorship on a poster or paper presentation at a conference; however, some interns also generate a manuscript to submit for publication. Projects usually involve gleaning data from an existing clinical dataset or completing a program evaluation. During the first month of internship, faculty rotate through to share opportunities for involvement in their ongoing research with interns.



## RESEARCH

The Internship faculty has an internationally renowned research program and a consistent record of research productivity. Whenever possible, interns are supported fully to participate in ongoing research projects encountered through clinical services. Interns may elect to participate in ongoing studies directed by faculty and/or to initiate independent research compatible with the Internship's mission. Each intern is required to complete at least one research project, separate from the dissertation, that results in a professional product (poster, paper, manuscript), usually as first author. A list of representative faculty publications is available [here](#). Historically, trainees have been active in research activities as evidenced by the number of publications that have included trainees.

## EVALUATION

Supervisors provide feedback to interns about progress toward these competencies orally on an ongoing basis, and they review feedback in writing at baseline (i.e., 1 month) and at the end of each quarter thereafter. In this context, the faculty formally evaluates progress toward readiness to practice as formalized in the program's goals and objectives. To successfully complete the internship, trainees must demonstrate a competence level at least high enough to enter practice at a basic level of professional challenges (i.e. a score above 2 on evaluation forms). Of course, we aim to train interns to function at higher levels of capability than basic proficiency and most interns achieve advanced levels of competence in most domains.

## DIVERSITY EQUITY AND INCLUSION

Our internship values creating an education and training environment that is inclusive, equitable, and respectful of diversity. We recognize the value diverse interns bring to our internship training community and provide to our patients. We aim to wholistically recruit interns from a wide range of backgrounds.

For detailed information about our guidance and policies around diversity, equity, and inclusion (DEI), please see our internship handbook (found on the front page of our website) which includes:

- A. our values and commitments related to DEI,
- B. support for APA's Multicultural Guidelines,
- C. a framework for self-reflection regarding one's own multicultural identities and biases,
- D. general guidance for positive and productive interpersonal engagement regarding DEI,
- E. Emory School of Medicine [Policy on Discrimination and Harassment Reporting](#),
- F. internship policy on addressing discriminatory/racist patient behaviors,
- G. working definitions for DEI-related terminology,
- H. and links to additional resources and references at the end of this document

We hope that the values, commitment, and framework articulated inform and are integrated into our work culture.

## Supervision

Our supervisors are strongly encouraged to incorporate discussions of identity and diversity in individual supervision. In particular, we encouraged our supervisors and interns to openly discuss aspects of their identity and how that may affect their interactions with patients and within the supervision process during the first weeks of supervision.

### **Monthly Diversity Seminars**

Interns participate monthly Diversity Seminars during the year. The seminars include psychologists and trainees from across the Children's Healthcare of Atlanta system and cover a variety of topics associated with diversity, equity, and inclusion within psychology. The seminars occur on Fridays at lunchtime.

### **Mentorship Program**

The Children's Healthcare of Atlanta Doctoral Internship Mentorship Program exists to encourage interns' professional growth and provide support for all interns as future health service psychologists, particularly in the context of diversity and inclusion factors. Each intern is matched with a faculty member outside of their primary track to serve as a mentor. Matches are based on interns' areas of interest. In addition, interns can request to be matched on aspects of culture/identity such as gender, race, ethnicity, sexual orientation, spiritual/religious background, parental status, ability status, and first generation college graduate status.

### **Didactics**

Every year our didactics fluctuate; however, we typically invite presenters to speak on several DEI related topics such as Culturally Responsive Self-Care; Differences in Sex Development; Neurodiversity-Affirming Practices.

### **Reflective Local Practice**

We have adopted the Reflective Local Practice (Sandeem et al., 2018) model to encourage self-reflection, common language of "hot spots," "hidden spots," and "soft spots" among trainees and supervisors, as well as to help interns learn about the Atlanta and Georgia community where are patients live. Interns are assigned to visit and experience locations within the area (e.g., Civil Rights Museum, Buford Highway international restaurants, Refuge coffee which provides job training for refugees in the Clarkston community, Sweet Auburn Market a historic market opened in 1918).

## RESOURCES AND FACILITIES

The **Center for Advanced Pediatrics (CAP)** at Children's Healthcare of Atlanta (Children's) is a 260,000 square foot outpatient clinic facility that utilizes a multidisciplinary, coordinated care approach to provide treatment to children and teens with chronic diseases and complex care needs by enabling access to multiple specialized health services in one place. Servicing thousands of families across Georgia, the center brings together over 20 pediatric specialties under one roof, harnessing the expertise and skills of more than 450 physicians and staff. The center's multidisciplinary framework merges both clinical and research services to provide patients with optimal treatment options and state of the art care. CAP is the first building of its kind for pediatrics in Georgia, conducting state of the art research and providing more than 100,000 patient visits per year. CAP's pediatric specialists provide treatment to a significant number of children with medically complex conditions who require multidisciplinary, coordinated care to optimize their outcomes. Providing "patient-centered" care, the center allows access to specialized programs and services, improved appointment availability, and a "child-friendly" design and setup.

The **Behavioral and Mental Health Outpatient Clinic** is a centralized clinic that serves as a resource for internal teams to refer children and adolescent when they require longer term mental and behavioral healthcare that what can be offered elsewhere in our healthcare system. Located in 4,800 square feet of clinical space, newly renovated with this population in mind, this clinic includes 12 individual therapy rooms, as well as capacity for group therapy and in-vivo observation.

The **Marcus Autism Center (MAC)** is a National Institutes of Health Autism Center of Excellence and it comprises the Division of Autism and Related Disorders in the Emory University School of Medicine's Department of Pediatrics. One of the nation's largest centers for clinical care of autism and related disorders that annually serves over 5000 patients, the Center provides clinical assessment and treatment services for several pediatric populations; conducts translational research in the lab, in the session room, and in the community; and offers training for multiple disciplines at several educational levels. More than 25 treatment rooms and 9 assessment rooms are equipped with one-way mirrors in connected observation rooms and video recording systems that allow for live viewing or review of recorded videos. There is a Social Neuroscience Laboratory equipped with numerous eye tracking devices for infants, toddlers, and school-age children; a Spoken Communication Laboratory with a motion capture system, high speed camera, and audiovisual speech perception; an EEG Laboratory; a phlebotomy room, and a 4-D research ultrasound system. There are 3 indoor play rooms, 2 multipurpose rooms, a childcare/family room, and 2 outdoor play areas. Interns provide services throughout these facilities.

The **Arthur M. Blank Hospital (AMBH)** at Children's Healthcare of Atlanta will open on September 29, 2024 at the site of the expanded North Druid Hills campus that also includes the Center for Advanced Pediatrics (CAP). This state of the art, 19-story, 2-million-square-foot facility includes 446 patient beds and clinical specialties including the Aflac Cancer and Blood Disorders Center, Heart Center, transplant services, Infusion Center, Emergency Department, outpatient lab and radiology, Special Care Unit for the treatment of patients with highly infectious diseases like COVID-19, and an inpatient dialysis unit. The comprehensive services offered at AMBH provide specialized care for children from all over the state of Georgia, as well

as the southeast region of the United States. It will also welcome 600 fellows and residents, with access to innovative technological enhancements for research and training.

**Children's Hughes Spalding Hospital** is a freestanding, 24-bed, pediatric acute care and outpatient children's hospital located in downtown Atlanta, Georgia. The primary care clinic serves as a medical home for children ages 0-18 years. Our team consists of MDs, nurse practitioners, nurses and medical assistants, nutritionists, lactation specialists, interpretive services, social workers, respiratory therapists, nurse navigators, and psychologists.

**Scottish Rite Hospital** at Children's Healthcare of Atlanta was founded in 1915 as the Scottish Rite Convalescent Home for Crippled Children in two rented cottages with 20 patient beds. It is one of the only pediatric institutions in the nation that has existed for more than a century. From our focus on family support and treating the whole child to our specialized equipment and techniques, we are tireless in our pursuit of providing the best possible care for children. At its current location in Sandy Springs on the north side of Atlanta, Children's Scottish Rite Hospital offers many services, including emergency care, neurosciences, orthopedics, and intensive rehabilitation. Furthermore, there specialized and innovative services available at Scottish Rite that are not available anywhere else in the southeast of the United States including the Comprehensive Inpatient Rehabilitation Unit (CIRU), the Day Rehabilitation Program, and the Center for Advanced Technology and Robotic Rehabilitation.

## MEET THE PSYCHOLOGY INTERNSHIP FACULTY

### Supervising Faculty Members

**Nneka Alexander, PhD, ABPP** received her doctoral degree in Clinical Psychology from the University of North Carolina at Greensboro. She completed her predoctoral internship at the University of Florida and postdoctoral fellowship at Emory University School of Medicine. She is a Pediatric Psychologist at Children's Healthcare of Atlanta (CHOA). Dr. Alexander's current clinical responsibilities include providing psychological support to families hospitalized on the cardiac units. She has spearheaded initiatives to make these units more developmentally appropriate, such as the creation of neuroprotective care rounds. Dr. Alexander also conducts outpatient neurodevelopmental assessments for infants and toddlers with congenital heart disease through the Cardiac Neurodevelopmental Program. Her research interests focus on parenting and development in children with chronic illness. She is board certified in Clinical Child and Adolescent Psychology.

**Summer Bottini, PhD, BCBA-D**, received her doctorate in clinical psychology from Binghamton University and completed post-doctoral residencies at the Marcus Autism Center and May Institute. Dr. Bottini is an Assistant Professor in the Emory University School of Medicine Department of Pediatrics and a Psychologist in the Severe Behavior Program at Marcus Autism Center. Dr. Bottini specializes in the assessment and treatment of externalizing behavior among individuals with developmental disabilities. Additionally, her work is focused on the effective supervision of clinicians to provide optimal care for autistic and neurodivergent individuals. This includes embedding a neurodiversity framework within clinical practices, addressing staff burnout, effective/efficient training methods, and treatment fidelity.

**Bianca Brooks, PhD, ABPP** is a licensed clinical psychologist and part of the assessment and diagnosis team at Marcus Autism Center. Dr. Brooks completed her doctorate in clinical psychology at Georgia State University, where she studied ways to facilitate access to early intervention after diagnosis of autism spectrum disorder (ASD). She continued her passion for serving underserved communities and reducing disparities in mental healthcare access by completing an internship at Memphis Veteran's Affairs Medical Center. She returned to Atlanta for her postdoctoral fellowship at Emory University School of Medicine and assisted with diagnostic services at Marcus Autism Center. In her current position, Dr. Brooks conducts diagnostic assessments of young children. She values exploring innovative techniques to reduce racial and ethnic disparities in accessing early intervention services for families.

**Jessica Buzenski, PhD** received her doctorate at East Carolina University. She completed her predoctoral internship training at the University of Tennessee Health Science Center and St. Jude Children's Research Hospital, and post-doctoral fellowship at the University of Arkansas for Medical Sciences and Arkansas Children's Hospital. Dr. Buzenski is a Pediatric Psychologist at Children's Healthcare of Atlanta (CHOA) and Emory University Pediatric Institute. Clinically, she engages in assessment, intervention, and consultation with patients and their families for a variety of GI referral concerns. She supervises the Gastroenterology (GI) rotation including general GI, as well as the Neurogastroenterology and Motility interdisciplinary clinic. She also co-leads the Pediatric Psychology extern program.

**Deva Carrion, PhD, BCBA-D** earned her doctorate in school psychology from the University of

Iowa. She completed her pre-doctoral internship at Munroe-Meyer Institute and her postdoctoral experience at Marcus Autism Center. She is a licensed psychologist and doctorate-level, board-certified behavior analyst (BCBA-D). Dr. Carrion has more than 10 years of experience working with children with autism spectrum disorder (ASD) and related developmental disabilities, particularly with individuals displaying challenging behaviors. She joined Marcus Autism Center in July 2018 in the School Consultation Program. She works with school districts as a behavioral consultant and trainer. She is responsible for providing direct behavioral consultation to school districts across Georgia, training teachers and paraprofessionals in principles of applied behavior analysis (ABA), behavior management, developing individual education plan (IEP) goals and general classroom management strategies. Dr. Carrion's research interests include assessment and treatment of challenging behavior in the school setting and training school-based professionals to conduct empirically based assessments and develop evidence-based treatments.

**Trista Perez Crawford, PhD** graduated from the University of Alabama-Birmingham. She completed her internship and postdoctoral fellowship at Children's Mercy Hospital. Dr. Perez Crawford is a pediatric psychologist in the Children's Healthcare of Atlanta Center of Behavioral and Mental Health Integrated Primary Care Program at Hughes Spalding and an Associate Professor of Pediatrics in Emory University School of Medicine. Her clinical interests are in the assessment and treatment of toddlers to young adults from historically underserved populations and Spanish speaking families with a range of psychological conditions, including behavioral issues, autism spectrum disorders, developmental disabilities, internalizing disorders and adjustment to chronic medical conditions. Her research interests are in improving access to interventions for underserved populations. In addition to her clinical work and research, Dr. Perez Crawford, serves as a mentor to underrepresented minority undergraduate and medical students.

**Laura Dilly, PhD, ABPP, NCSP** is the Training Director for the Doctoral Psychology Internship at the Marcus Autism Center, Children's Healthcare of Atlanta, and an Assistant Professor at the Emory School of Medicine Department of Pediatrics. She received her doctorate in school psychology at Michigan State University in 2005. She completed her doctoral internship at the Houston Independent School District. Dr. Dilly then worked within the public school districts for 10 years as a lead psychologist and training coordinator. Dr. Dilly provides leadership to the interdisciplinary team within the Division of Behavioral Mental Health and conducts assessments of young children who are suspected to have an autism spectrum disorder. Her research interests involve the intersection of the school based and medically based services for children with autism spectrum disorders and work force development.

**Lauren Esposito, PhD** received her doctoral degree from the University of Georgia. She completed her predoctoral internship at University of Louisville School of Medicine/Norton Children's Hospital, and her postdoctoral fellowship in Aflac Cancer and Blood Disorders Center at Emory University School of Medicine/Children's Healthcare of Atlanta. Dr. Esposito is a Pediatric Psychologist at Children's Healthcare of Atlanta (CHOA). She provides assessment, intervention, and consultation for patients who have received a kidney or liver transplant and conducts pre-transplant evaluations for patients in need of a transplant.

**Sarah Slocum Freeman, PhD, BCBA-D** received her doctorate in Psychology at the University of Florida under the mentorship of Dr. Timothy Vollmer, BCBA-D. She was subsequently appointed as a Rollins College faculty member for two years before joining the Marcus Autism Center. In her clinical position in the Marcus Autism Center Severe Behavior Program, Dr. Slocum manages cases in the intensive outpatient program, coordinates employee supervision

towards board certification as behavior analysts, and oversees the intake process for the Severe Behavior program. As a researcher in the Pediatrics Institute of Emory University's School of Medicine, Dr. Slocum's work focuses on behavior-analytic approaches to the assessment and treatment of problem behavior. Specifically, she is interested in further investigation into the variables that contribute to treatment effectiveness for problem behavior maintained by escape from aversive situations.

**Sobha P. Fritz, PhD, ABPP** received her doctorate from the University of Florida in Clinical Psychology, specializing in clinical child/pediatric psychology. She completed her predoctoral internship at the University of Florida School in Clinical and Health Psychology and postdoctoral fellowship in Pediatric Psychology at Emory University School of Medicine. Dr. Fritz is the lead Pediatric Psychologist within the Endocrinology Program at Children's Healthcare of Atlanta (CHOA) and serves as Assistant Professor of Pediatrics at Emory University School of Medicine. She also holds a secondary appointment in Psychiatry and Behavioral Sciences. Dr. Fritz provides care to children and teens with Type 1 and Type 2 diabetes, as well as other endocrine conditions. Her clinical work includes consultation and therapy for patients and their families. She also works as part of a multidisciplinary team in the Type 2 diabetes clinic.

**Elizabeth Greenfield, PhD** completed her PhD in Counseling, Clinical and School Psychology at the University of California, Santa Barbara. Dr. Greenfield completed her doctoral internship at the University of North Carolina, Chapel Hill and her postdoctoral residency program with the Marcus Autism Center. Dr. Greenfield is an assistant professor in the Department of Pediatrics within the Emory University School of Medicine and a psychologist within the Early Intervention and Clinical Assessment and Diagnosis teams. Dr. Greenfield conducts diagnostic evaluations to assess for autism and collaborates with parents to help promote their child's social communication skills.

**Kristina R. Gerencser, PhD, BCBA-D**, is an Assistant Professor of Pediatrics at Emory University School of Medicine and a board-certified behavior analyst doctorate (BCBA-D) and Program Manager for the Language and Learning Program at Marcus Autism Center. Dr. Gerencser has worked with children with autism spectrum disorder (ASD) and related disabilities in home-, center- and school-based programs targeting skill acquisition and reducing challenging behavior. Dr. Gerencser completed her post-doctoral fellowship at Marcus Autism Center in the Severe Behavior Program. She holds a doctorate in disability disciplines, with a specialization in applied behavior analysis from Utah State University, and received her master's in behavior analysis from Western Michigan University.

**Kristin Hathaway, PhD, BCBA** earned her doctorate in school psychology from the University of Missouri. She completed her predoctoral internship at the University of Nebraska Medical Center Munroe-Meyer Institute in Omaha, Nebraska, with an emphasis in pediatric feeding disorders and interdisciplinary autism spectrum disorder evaluations. She completed her postdoctoral fellowship in the Multidisciplinary Feeding Program at Marcus Autism Center and the Center for Advanced Pediatrics through Emory University School of Medicine. Dr. Hathaway is a licensed psychologist in the state of Georgia and a board-certified behavior analyst. As a psychologist for the Feeding Program, Dr. Hathaway conducts multidisciplinary feeding evaluations and provides behavioral intervention in the outpatient and day treatment programs.

**Nicole Hendrix, PhD** received her PhD in school psychology at the University of Iowa, where her training concentrated on assessment and treatment of neurodevelopmental disabilities

across the lifespan. She completed a doctoral internship at the Marcus Autism Center in the Language and Learning Clinic and Pediatric Feeding Program before then completing a postdoctoral fellowship in diagnostic services. Dr. Hendrix is an assistant professor in the Department of Pediatrics within the Emory University School of Medicine and a psychologist on the assessment and diagnostic team. In her clinical role, she conducts diagnostic evaluations for children and adolescents. Dr. Hendrix's research focuses on early assessment and intervention for at-risk populations, with current projects striving to better understand the development of nonverbal communication strategies within typical development and neurodevelopmental disorders.

**Hannah Jones, PhD** is a Child Clinical and Adolescent Psychologist at Children's Healthcare of Atlanta Behavioral Mental Health Center. She is also an Adjunct Assistant Professor at Emory University School of Medicine. Prior to joining Children's Healthcare of Atlanta, she received her doctoral degree from University of Texas at Austin, completed a doctoral internship at Children's Hospital Los Angeles, a postdoctoral fellowship at Nemours Children's Health, and then was a psychologist at Nemours. She specializes in providing outpatient therapy to youth who have experienced trauma. She is certified in an evidence-based intervention for treating post-traumatic stress symptoms in children and adolescents called Trauma-Focused Cognitive Behavior Therapy (TF-CBT). Dr. Jones is also bilingual in Spanish and English and provides outpatient therapy services to Spanish-speaking families.

**Cheryl Klaiman, PhD** received her doctorate in School and Applied Child Psychology from McGill University under the mentorship of Jacob Burack. She completed her internship and post-doctoral training at the Yale Child Study Center where she worked with Drs. Ami Klin, Fred Volkmar, Robert Schultz and Sara Sparrow. She joined the faculty of the Yale Child Study Center as an Associate Research Scientist, and then relocated to California where she was the Director of the Autism and Developmental Disabilities Interdisciplinary Care Team at Children's Health Council in Palo Alto, CA. She joined the team at The Marcus Autism Center and Emory University in January of 2012 where she directs the FDA regulated clinical trial which is attempting to validate our eye-tracking work as a medical device. She also works on the clinical characterization team among other various research projects. Research interests include early diagnosis and screening of autism spectrum disorders, innovative treatment strategies and clinical trials.

**Meena Khowaja, PhD** (she/her/ella) received her doctorate in Clinical Psychology from Georgia State University, where her research was focused on early identification of autism. She completed her predoctoral internship focused on Integrated Behavioral Health at Nemours Children's Health and her postdoctoral fellowship in Developmental Pediatrics at Children's Hospital Colorado. Before transitioning to the Marcus Autism Center in 2022, she worked at the Swank Autism Center within Nemours Children's Health. Her training also included a Leadership Education in Neurodevelopmental Disabilities (LEND) fellowship while a graduate student at GSU and again as a postdoctoral fellow in Colorado. Dr. Khowaja's role at MAC includes conducting psychological testing services through the Clinical Assessments and Diagnostics Program and parent-mediated NDBIs through the Early Intervention/ Project ImPACT program. She strives to continuously learn about and provide neurodiversity-affirming care. Additionally, she is a bilingual psychologist who provides assessment and therapy services in English and Spanish; she has a strong interest in supporting bilingual trainees and collaborating with other bilingual colleagues at MAC and across CHOA. She is also a member of several Employee Resource Groups (ERGs) within CHOA to build community and connection.

**Meena Lambha, PhD** completed her undergraduate training at the University of Georgia and



earned her doctorate degree in clinical psychology from Auburn University. She completed her internship at A.I. DuPont Hospital for Children. She completed her postdoctoral fellowship at the Marcus Autism Center and Emory University. She briefly worked in private practice before returning to the Marcus Autism Center. At Marcus, she has conducted psychological assessments for families participating in various research studies as well as children seen through the clinic for concerns related to autism. She has also provided parent training services through the RUBI Parent Training program for children with autism presenting with behavioral difficulties. Currently, she continues to conduct psychological assessments with children suspected of having an autism spectrum disorder.

**Emily Malugen, PhD**, earned her doctorate in school psychology from the University of Missouri. She completed her pre-doctoral internship at the University of Nebraska Medical Center Munroe-Meyer Institute in Omaha, Nebraska, with an emphasis in pediatric feeding disorders and interdisciplinary autism spectrum disorder evaluations. She began her post-doctoral fellowship at the Munroe-Meyer Institute, and completed her fellowship at the Center for Advanced Pediatrics in the Multidisciplinary Feeding Program. Dr. Malugen is a licensed psychologist in the state of Georgia. As a psychologist for the Multidisciplinary Feeding Program, Dr. Malugen conducts feeding evaluations and provides behavioral intervention in the Day Treatment and Outpatient Programs.

**Colin Muething, PhD, BCBA-D** received his doctorate in school psychology from University of Texas-Austin, after having completed a master's degree in special education from University of Georgia. His research involves evaluating assessments and treatment for problem behavior across a large sample of individuals. Having completed his doctoral internship and postdoctoral residency at Marcus Autism Center, he is currently an associate professor and initially joined the Department of Pediatrics at Emory University School of Medicine in 2017. He is the Director of the Complex Behavior Support Department.

**Kristin Niel, PhD** received her doctorate in Clinical Psychology from Illinois Institute of Technology. She completed her predoctoral internship at the Mailman Center for Child Development/University of Miami Health Systems, and her two-year postdoctoral clinical-research fellowship at St. Jude Children's Research Hospital. Dr. Niel is a Pediatric Psychologist at Children's Healthcare of Atlanta (CHOA). She provides consultation-liaison and psychotherapy services across inpatient and outpatient settings for patients on the Advanced Cardiac Therapies service, as well as in Heart Failure and Heart Transplant Clinics. Dr. Niel also completes pre-heart transplant clinical evaluations that include brief neurocognitive screening. In addition, Dr. Niel has a specific interest in contributing to the reduction of health disparities, providing culturally humble mental health care within the context of interdisciplinary medical teams, and working to highlight and dismantle the structures and systems that create and perpetuate health inequities.

**Kaitlin Proctor, PhD** earned her doctorate in clinical psychology from Auburn University. She completed her predoctoral internship at the University of Oklahoma Health Sciences Center and her postdoctoral residency at Children's Healthcare of Atlanta, in partnership with Emory University School of Medicine. Dr. Proctor received training in the area of pediatric psychology, which focuses on children's behavioral, developmental and psychosocial functioning in the context of pediatric healthcare. As a licensed clinical psychologist in the **Feeding Program**, Dr. Proctor provides multidisciplinary assessment services, as well as intervention services in the day treatment and outpatient programs. Dr. Proctor is also certified in parent-child interaction

therapy, an evidence-based parent training intervention for disruptive behaviors or noncompliance in young children.

**Alexis Quinoy, PhD, ABPP, CBIS** received her doctorate in Clinical Child Psychology from Virginia Commonwealth University. She completed her predoctoral internship at Children's Hospital Colorado and her postdoctoral fellowship at University of Florida College of Medicine. She is board certified in child and adolescent psychology and is a certified brain injury specialist. She is a Pediatric Psychologist at Children's Healthcare of Atlanta (CHOA) where her clinical work focuses on rehabilitation psychology. Dr. Quinoy provides assessment, intervention, and consultation pertaining to a wide variety of illness and injuries that impact the central and peripheral nervous systems within the Comprehensive Inpatient Rehabilitation Unit (CIRU) and in the Day Rehabilitation Program (DRP). She is also the co-chair for Children's Injury Prevention Program (CHIPP).

**Bonney Reed, PhD, ABPP** is a board-certified clinical health psychologist. Dr. Reed's primary research and clinical interests include using evidence-based assessment and treatment strategies to address symptoms and distress experienced by youth with gastrointestinal conditions. Dr. Reed has an active behavioral health research program aiming to develop and test novel psychological treatments for youth with gastrointestinal conditions. Dr. Reed supervises trainees through her clinical research program on the Gastroenterology rotation. Dr. Reed also serves as the Pediatric Psychology Program Manager, Center for Behavioral and Mental Health.

**Emily Kate Rubio, PhD, BCBA** earned her doctorate in School Psychology from Georgia State University. She completed her predoctoral internship and postdoctoral fellowship in the Multidisciplinary Feeding Program at Marcus Autism Center and the Center for Advanced Pediatrics through Emory University School of Medicine. Dr. Rubio is a licensed psychologist in the state of Georgia and a board-certified behavior analyst. As a psychologist for the Feeding Program, Dr. Rubio conducts multidisciplinary feeding evaluations and provides behavioral intervention in the outpatient and day treatment programs.

**Mindy Scheithauer, PhD, BCBA, ABPP** received her PhD from Louisiana State University with a dual emphasis in Clinical and Biological Psychology and a minor emphasis in School Psychology. She completed a doctoral internship in the Neurobehavioral Unit at the Kennedy Krieger Institute through Johns Hopkins University and a postdoctoral residency at Marcus Autism Center through Emory University. Dr. Scheithauer is an assistant professor in Pediatrics at Emory University and is a psychologist in the Severe Behavior Program. She oversees the Brief Behavior Intervention program (a primarily community-based treatment service) and supervises cases in the Severe Behavior Day Treatment program. Her current research focuses on automatically maintained problem behavior, assessment and treatment of elopement, and improving methods for observational data collection. Her future research goals include clinical trials of specific behavioral treatments and the study of applied behavioral pharmacology through the use of functional analyses in drug trials. Dr. Scheithauer assists with the supervision and training of doctoral and postdoctoral training.

**Kindell Schoffner, PsyD** received her doctorate in Clinical Psychology from the Georgia School of Professional Psychology at Argosy University, with specialization in child and

adolescent/pediatric psychology. She completed her predoctoral internship at Nationwide Children's Hospital/The Ohio State University School of Medicine, and her postdoctoral fellowship at Children's Healthcare of Atlanta/Emory School of Medicine. She is a Pediatric Psychologist at Children's Healthcare of Atlanta (CHOA). Dr. Schoffner provides assessment, intervention, and consultation pertaining to a wide variety of illness and injuries that impact the central and peripheral nervous systems within the Comprehensive Inpatient Rehabilitation Unit (CIRU) and in the Day Rehabilitation Program (DRP), as well as genetic conditions that impact the development of internal and external reproductive systems in the interdisciplinary Differences in Sex Development (DSD) clinic. Dr. Schoffner participates in several hospital committees and is the co-chair of the Motor Vehicle Collision Taskforce at CHOA. In addition to her clinical and advocacy work, she is highly dedicated to training and mentoring psychology students at all levels of their education. She is the Pediatric Psychology Training Coordinator at CHOA.

**William G. Sharp, PhD** is the Director of the Pediatric Feeding Disorders Program at the Marcus Autism Center and an Assistant Professor in the Division of Autism and Related Disorders in the Department of Pediatrics, Emory University School of Medicine. He received his doctorate from The University of Mississippi in 2006, with an emphasis in pediatric and clinical child psychology. Dr. Sharp completed a doctoral internship and a post-doctoral fellowship at A.I. duPont Hospital for Children in Wilmington, DE, where he focused on the application of behaviorally-based interventions for severe behavior problems, feeding issues, anxiety and sleep difficulties. His current research interests include the assessment and treatment of feeding disorders among children with autistic spectrum disorders, the impact of antecedent manipulations in the treatment of pediatric feeding disorders, and the use of parent training to address feeding difficulties.

**Jennifer L. Stapel-Wax, PsyD** received her doctorate in clinical psychology from the Georgia School of Professional Psychology in 1998. She completed her doctoral internship at Miami Children's Hospital and her postdoctoral fellowship at the Emory University School of Medicine at the Marcus Center. As an Assistant Professor in the Department of Pediatrics at Emory University School of Medicine, she directed a statewide evaluation project for children with complex neurodevelopmental disorders, conducting neurodevelopmental assessments with young children and supervising dozens of trainees. Dr. Stapel-Wax also taught graduate clinical psychology at the Georgia School of Professional Psychology. She currently is the Director of Infant and Toddler Clinical Research and an Associate Professor in the Department of Pediatrics and is a Past President of the Georgia Psychological Association. Her current clinical and research interests lie in teaching and training, assessment of young children and community implementation of scientifically based methods of screening, assessment and intervention.

**Kathryn Holman Stubbs, PhD** received her doctoral degree in Clinical Psychology from University of Wisconsin—Milwaukee. She completed her doctoral internship at Munroe Meyer Institute (University of Nebraska Medical Center) and her fellowship through Emory University School of Medicine at the Marcus Autism Center in the Pediatric Feeding Disorders Program. She is currently a senior psychologist in the Pediatric Feeding Disorders Program where she works with children and families to develop effective treatments to improve mealtime behavior in the day treatment and outpatient programs and provides consultation in pediatric gastroenterology clinics. She supervises predoctoral interns and postdoctoral fellows in the intensive day treatment program for children with feeding disorders. Her clinical and research interests have focused on the assessment and treatment of children with pediatric feeding disorders as well as treatment adherence in pediatric populations.

**Renee Ussery, PsyD** received her doctoral degree in clinical psychology from Argosy University. She completed a postdoctoral fellowship in private practice and the Marcus Autism Center. For the next several years, Dr. Ussery completed psychological evaluations with children and adolescents in private practice. In 2008, Dr. Ussery rejoined Marcus Autism Center where she continued to complete assessments with school aged children within the Pediatric Neurodevelopmental Center. She coordinates training experiences that involve conducting comprehensive psychological assessments for children and adolescents who present with complex histories and differential diagnosis is essential.

**Valerie Volkert, PhD, BCBA-D** is a psychologist program manager in the Pediatric Feeding Disorders Program at Marcus Autism Center. She also holds the position of Assistant Professor of Pediatrics in the Emory University School of Medicine. She received her doctorate in school psychology from Louisiana State University, completed a doctoral internship at the Marcus Institute and a postdoctoral residency at the Munroe-Meyer Institute. She was faculty at the Munroe-Meyer Institute for seven years and during that time she was President of the Heartland Association for Behavior Analysis (2009-2011) and training director for the MSIA PhD program in ABA and Nebraska Internship Consortium in Professional Psychology in the Center for Autism Spectrum Disorders (2012-2015). An active clinician, teacher and researcher, she sees patients in the outpatient clinics of the Feeding program, supervises interns and fellows and pursues lines of clinical research. Of particular interest are treatments to increase advanced feeding skills (e.g., self-feeding and chewing).

**Addam Wawrzonek, PhD, BCBA**, earned his doctorate in school psychology from Michigan State University. He completed both his year-long doctoral internship as well as his year-long postdoctoral residency in the Multidisciplinary Feeding Program at Marcus Autism Center through Emory University's Department of Pediatrics. Dr. Wawrzonek first began working with children with autism and developmental disabilities in 2010. Since then, he has worked in both clinical and school settings, focusing on early language and learning intervention, treatment for severe behavior, and treatment of pediatric feeding disorders. Currently, Dr. Wawrzonek specializes in providing behavioral based interventions for children with food refusal and aversion, with an additional focus on acceptance and chewing of regular textured foods.

**Stormi Pulver White, PsyD** is a psychologist program manager in the Clinical Assessments and Diagnostics Program at the Marcus Autism Center. She also holds the position of Assistant Professor of Pediatrics in the Emory University School of Medicine. She pursued her doctorate in school psychology from University at Albany, State University of New York. Dr. White completed her post-doctoral fellowship at Vanderbilt University's Treatment and Research Institute for Autism Spectrum Disorders (TRIAD), focusing on early identification of autism. Additionally, Dr. White completed a Leadership Education in Neurodevelopmental Disabilities (LEND) fellowship while at Vanderbilt. Before joining Marcus Autism Center, Dr. White was an Assistant Professor at University of Texas Southwestern (UTSW), where she held administrative titles of head of psychology and co-clinical director in the Center for Autism and Developmental Disabilities (CADD). Dr. White's clinical and research interests include early identification and intervention for autism spectrum disorder (ASD), as well as clinical characterization of rare variant disorders.

**Latasha Woods, PhD** is a licensed psychologist and nationally certified school psychologist. She earned her doctorate from the University of North Carolina at Chapel Hill. Dr. Woods completed her pre-doctoral internship at Marcus Autism Center and her post-doctoral fellowship

at the Duke Center for Autism and Brain Development, during which she served on the clinical assessment and research teams. As a part of the assessment and diagnosis team at Marcus Autism Center, Dr. Woods specializes in conducting diagnostic assessments with children, adolescents and young adults, and providing evidence-based treatment to individuals diagnosed with autism spectrum disorder (ASD). Dr. Woods is a certified Research Units in Behavioral Intervention (RUBI) therapist with the RUBI Autism Network. Prior to entering clinical practice, Dr. Woods spent more than a decade serving children and families in schools as a certified school psychologist and classroom teacher.

**Rachel Yosick, PsyD, BCBA-D**, is a licensed psychologist and board-certified behavior analyst–doctoral in the Language and Learning Program at Marcus Autism Center. Dr. Yosick completed her doctorate in clinical child psychology at the Georgia School of Professional Psychology and obtained her certification in applied behavior analysis from Florida Institute of Technology. She completed her doctoral internship and postdoctoral fellowship at Marcus Autism Center and Emory University School of Medicine, where she gained extensive experience working with children affected by autism and significant language delays, severe problem behavior, and feeding difficulties.

**Andrea Zawoyski, PhD, BCBA-D** received her PhD in Educational Psychology with an emphasis in School Psychology at the University of Georgia. She completed internship training at the Munroe Meyer Institute Behavioral Pediatrics and Integrated Care Program and completed postdoctoral training at Cherokee Health Systems in Integrated Health Psychology and Developmental Psychology. She was limited-term Assistant Professor in the Special Education Department at the University of Georgia before transitioning to a role as an Assistant Research Scientist at the Center for Autism and Behavioral Education Research. There, she provided clinical supervision to graduate students in applied behavior analysis and school psychology in their practicum experiences and conducted autism spectrum disorder evaluations. Currently, Dr. Zawoyski works in the Children’s Healthcare of Atlanta Behavioral and Mental Health outpatient clinic at Chantilly, providing psychotherapy to children and adolescents for a wide range of presenting behavioral and mental health concerns. She also works in integrated pediatric primary care at the Hughes Spalding Primary Care clinic, where she provides brief assessment and intervention to children and adolescents to address behavioral and mental health concerns that arise during their primary care visits. She also conducts expedited autism spectrum disorder evaluations for toddlers. Dr. Zawoyski is certified in Parent-Child Interaction Therapy, utilizing this modality for young children presenting with disruptive behavior. In addition, she utilizes Acceptance and Commitment Therapy (ACT) as a primary treatment modality for older children and adolescents.

### Contributing Faculty Members

**Nathan A. Call, PhD** received his PhD in School Psychology from the University of Iowa in 2003 under the mentorship of David P. Wacker, PhD. He completed a pre-doctoral internship at the University of Iowa Hospitals & Clinics and Center for Disabilities & Development and a post-doctoral fellowship at the Marcus Institute and Emory University under the supervision of Wayne Fisher, PhD, and Henry S. Roane, PhD. After working as an assistant professor at Louisiana State University from 2004-2006, Dr. Call returned to the Marcus Autism Center where he is currently the Clinical Director for the center. Dr. Call’s current research interests include the assessment and treatment of severe behavior disorders. This interest includes identifying the basic behavioral mechanisms that influence the occurrence of problem behavior, as well as the variables that impact the integrity with which caregivers implement treatment recommendations.

Dr. Call has an active publication agenda that includes publishing and presenting research in applied behavior analytic forums.

**John Constantino, MD** is a board-certified child and adolescent psychiatrist who specializes in the diagnosis, treatment and prevention of behavioral and mental health conditions of children and adolescents. Dr. Constantino received his medical education at the Washington University School of Medicine in St. Louis and completed a five-year combined residency in Pediatrics, General Psychiatry, and Child and Adolescent Psychiatry at the Albert Einstein College of Medicine in New York. As Chief of Behavioral and Mental Health and Liz and Frank Blake Chair for Children's Behavioral and Mental Health, Dr. Constantino seeks to **innovate behavioral health practice**, resolve fragmentation in the delivery of care, enhance access to interventions of proven benefit, and improve long-term mental health outcomes for children and adolescents throughout Georgia. Prior to joining Children's, Dr. Constantino served as Psychiatrist-in-Chief at St. Louis Children's Hospital, as well as the Blanche F. Ittleson Professor of Psychiatry and Pediatrics at the Washington University School of Medicine in St. Louis, where he directed the Division of Child and Adolescent Psychiatry for the past 12 years.

**Klin, PhD** is the Director of the Marcus Autism Center and Professor and Chief of the Division of Autism and Related Disorders in the Department of Pediatrics at Emory University School of Medicine. Dr. Klin is an internationally recognized psychologist and researcher. His primary research activities focus on developmental social neuroscience; specifically on visual engagement of individuals with autism from infancy through adulthood. In his most noted work, Klin uses eye-tracking technology to visualize and measure social engagement, allowing him to monitor infants who potentially have an autism spectrum disorder (ASD). His research goal is to identify individuals with and at risk for ASD as early as possible so that potential therapies can have their maximal effect. He serves as Chief Psychologist of the Internship.

**Joanna Lomas Mevers, PhD, BCBA-D** received her doctorate in school psychology from Louisiana State University, under the mentorship of Jeffery Tiger, PhD and George Noell, PhD. She completed her pre-doctoral internship and postdoctoral fellowship at the Marcus Autism Center and Emory University under the supervision of Nathan Call, PhD. Dr. Lomas Mevers is currently the Director of the severe behavior program and is responsible for working with families and clinicians to develop effective behavioral interventions that decrease challenging behaviors and replace them with appropriate behaviors. In addition to her clinical duties she also provides training for doctoral and postdoctoral trainees. Dr. Lomas Mevers' current research interests include increasing the social validity of behavioral interventions, increasing efficiencies in caregiver training, treatment of enuresis and encopresis.

**David J. Marcus, PhD, ABPP/CN** is a Clinical Instructor in the Department of Rehabilitation Medicine and a pediatric neuropsychologist at Children's Healthcare of Atlanta. He received his doctorate in Child Psychology from the University of Minnesota in 2005, completed an internship at Children's Hospital of Philadelphia (through University of Pennsylvania) and a fellowship at National Children's Medical Center in Washington, DC. Active as a clinical teacher, he supervises graduate practicum students, interns, residents and fellows. Dr. Marcus' areas of interest include pediatric epilepsy, spina bifida, and genetic and metabolic disorders.

**David O'Banion, MD, FAAP**, attended University of Texas Medical School in San Antonio, and matched to Oregon Health Science University's pediatric residency program, where his mentors helped shape his interests in relational health, parenting, adverse childhood experiences and difficult behaviors. He then pursued a fellowship in developmental and behavioral pediatrics at the University of Oklahoma. Upon finishing fellowship, he followed his wife to London in her

pursuit of a master's in public health for eye care. There, he was a research assistant and co-authored a parenting support program for cerebral palsy in Ghana.

**Helen Panarites, MD**, received her medical degree from Columbia University, College of Physicians and Surgeons in New York City. She completed her adult psychiatric residency training at the New York Hospital-Westchester Division in White Plains, N.Y. In 1992, she moved to Atlanta for her child psychiatry residency training at Emory University School of Medicine. After training, Dr. Panarites continued as a faculty member at Emory University, working with children and adolescents with a wide range, psychiatric, behavioral and developmental disabilities. She had a position as assistant professor of psychiatry and served as the medical director of the Grady Health System Child and Adolescent Outpatient Psychiatry Clinic. During her time with Grady Health System, Dr. Panarites helped develop a school-based partnership with Atlanta Public Schools, setting up psychiatric teams that provided direct in-school services to several elementary schools. The school-based clinic was effective in improving access to mental health care for children in high-risk schools.

## Publications

### **Publication List 2019-2023**

This list is representative of publications by faculty, but not comprehensive

Key: **Faculty**

#### 2024

Chakawa, A., **Crawford, T.P.**, Belzer, L.T., and Yeh, H-W. (2024) Disparities in accessing specialty behavioral health services during the COVID-19 pandemic and why we need pediatric integrated primary care. *Front. Psychiatry* 15:1356979. doi: 10.3389/fpsy.2024.1356979

Cushman, G. K., Rea, K. E., Westbrook, A. L., Alexander, C., & **Reed, B.** (2024). Body image dissatisfaction during the first year of pediatric inflammatory bowel disease diagnosis. *Journal of pediatric gastroenterology and nutrition*, 78(3), 614–622. <https://doi.org/10.1002/jpn3.12095>

**Greenfield, E.**, & Kendrick-Allwood, S. (in press). Autism and CP: Overlapping phenotypes, distinct long-term concerns. *Pediatric Research*.

**Dilly, L.J.**, **Sharp, W.G.**, & **Volkert, V.** (2024). Current landscape of child and adolescent psychology internship programs and implications for workforce development. *Journal of Clinical Psychology in Medical Settings*. <https://doi.org/10.1007/s10880-024-10033-5>

Hale, M. E., Pinkman, K., Quinoy, A. M., & Schoffner, K. R. (2024). Identifying mental health outcomes and evidence-based psychological interventions for supporting pediatric gunshot wound patients: A systematic review and proposed conceptual model. *BMC pediatrics*, 24(1), 397. <https://doi.org/10.1186/s12887-024-04878-w>

- Hendrix, N.**, Chatson, E., Davies, H., Demetri, B., Xiang, Yijin, Yohannes, M., Buck, A., Harper, S., **Stapel-Wax, J.**, & Pickard, K. (in press). Early Intervention Provider-Reported NDBI Use and Relationships with Provider- to System-Level Implementation Determinants. *Journal of Autism and Developmental Disorders*.
- Kern, L., George, H. P., Evanovich, L. L., **Hodnett, J. M.**, & Freeman, J. (2024). A Review of US Policy Guidance and Legislation on Restraint and Seclusion in Schools: Considerations for Improvement. *Exceptional Children*, 00144029241247032.
- Klin, A.** (2024, In press). A biomarker-based solution for the limited access to early diagnosis and assessment of autism. *Medicina*, 84 Suppl I.
- Long, H., **Ramsay, G.**, **Bene, E.**, **Su, P.**, Yoo, H. **Klaiman, C.**, **Pulver, S.**, **Richardson, S.**, Pileggi, M., Brane, N., Oller, D. K. (in press) Canonical babbling trajectories across the first year of life in autism and typical development, *Autism*.
- Mendez, A.I., McQueen, E., Gillespie, S., **Klin, A.**, **Klaiman, C.**, & Pickard, K. (in press). Access to Part C, Early Intervention for children under 4 evaluated for autism spectrum disorder. *Autism*.
- Muething, C.**, Cariveau, T., **Bottini, S.**, **Slocum, S.**, Williams, C., Gillespie, S., & **Scheithauer, M.** (2024). Descriptive characteristics of extinction bursts: A record review. *Journal of applied behavior analysis*, 10.1002/jaba.1054. Advance online publication. <https://doi.org/10.1002/jaba.1054>
- Muething, C.**, Ritchey, C. M., **Call, N. A.**, Hardee, A. M., Mauzy, C. R., Argueta, T., McMahon, M. X. & Podlesnik, C. A. (in press). A retrospective analysis of the relation between resurgence and renewal of behavior targeted for reduction. *Journal of Applied Behavior Analysis*.
- Parent, M. B., Whitley, K. E., Zafar, U., Zickgraf, H. F., & **Sharp, W. G.** (2024). Systematic review of pharmacological treatments that reduce conditioned taste aversions in rodents: A potential animal model of pediatric feeding disorder and avoidant/restrictive food intake disorder (ARFID). *Appetite*, 194, 107172. <https://doi.org/10.1016/j.appet.2023.107172>
- Proctor, K. B.**, Mansoura, M., Rodrick, E., **Volkert, V.**, **Sharp, W. G.**, & Kindler, J. M. (2024). The relationship between food selectivity and stature in pediatric patients with avoidant-restrictive food intake disorder - an electronic medical record review. *Journal of eating disorders*, 12(1), 64. <https://doi.org/10.1186/s40337-024-01020-0>
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## **MEET THE DOCTORAL PSYCHOLOGY INTERNS**

### **Current Interns (Class of 2024-2025)**

Jasric Bland, University of Memphis  
Yoanna Ishak, Azusa Pacific University  
Erica-Lee Lampert, Xavier University  
Xinge Li, University of Houston  
Kathleen Little, University of Miami  
Morgan McNair, Stony Brook University  
Sophia Osteen, Wheaton College  
Victoria Wills, University of Utah  
Gabriel Yanez, University of Iowa  
Miranda Frank, Kent State University

### **Current Interns (Class of 2023-2024)**

Jae Hyung Ahn, Lehigh University  
Terreca Cato, University of Southern Mississippi  
Olivia Demario, Mercer University  
Heather Halford, Alliant IU/CSPP-San Die  
Kavya Kandarpa, University of Cincinnati  
Savanna Kiefer, PGSP-Stanford Psy.D. Consortium  
Carolyn Lasch, University of Minnesota  
Kaely Mateo, Nova Southeastern University  
Jennifer Mattera, Washington State University  
Leandra Prempeh, Mercer University  
Taylor Rosenblat, Nova Southeastern University  
Leonora Ryland, Baylor University  
Caroline Swetlitz, Boston University

### **Internship Graduates (Class of 2022-2023)**

Chloe Beacham, Georgia State University  
Courtney Breiner, University of Albany – SUNY  
Ellen Doernberg, Case Western Reserve University  
Mayank Gandhi, Mercer University  
Shannon Harper, Fielding University  
Megan Knedgen, Antioch University Seattle  
Samantha Stanford, University at Buffalo/North Campus  
Catherine Taylor, Nova Southeastern University  
Camilla Woodard, Philadelphia College of Osteopathic Medicine

### **Internship Graduates (Class of 2021-2022)**

Amy Barton, University of Houston

Kathleen Edmier, Adler University  
Bryana Gadis Jones, Adler University  
Abby Hodges, University of Denver  
Jennifer Hodnett, University of South Florida  
Courtney Mauzy, University of Georgia  
Jessica Owen, The Chicago School of Professional  
Alexandra Page, Adler University  
Taylor Williams, Mercer University

### **Representative Home Graduate Programs of Previous Interns**

Adler University (Clinical)	University of Houston (School)
Antioch University Seattle (Clinical)	University of Tennessee Knoxville
Argosy University-Atlanta (Clinical)	University of Illinois (School)
Auburn University (Clinical)	University of Indianapolis (Clinical)
Ball State University (School)	University of Iowa (School)
Binghamton University- SUNY (Clinical)	University of Kentucky (School)
Case Western Reserve University (Clinical)	University of Manitoba (Clinical)
Fielding Graduate University (Clinical)	University of Massachusetts-Boston (School)
Fordham University (School)	University of Missouri-Columbia (Counseling)
Georgia State University (Clinical, Neuropsychology, & School)	University of North Carolina-Chapel Hill (School)
Indiana State University (School)	University of North Carolina-Greensboro (Clinical)
Louisiana State University (School)	University of Notre Dame (Clinical)
Louisiana State University (Clinical)	University of Oregon (School)
McGill University (School)	University of South Florida (School)
Mercer University (Clinical)	University of Southern Alabama (Clinical)
Michigan State University (School)	University of Southern Maine (School)
Mississippi State University (School)	University of Southern Mississippi (School)
Nova Southeastern University (Clinical/School)	University of Texas-Austin (School)
Oklahoma State University (School)	University of Utah (School)
Palo Alto University (Clinical)	Seattle Pacific University (Clinical)
Philadelphia College of Osteopathic Medicine (School Psychology)	Spalding University (Clinicla)
Rutgers University (School)	Texas Tech (Clinical)
The Chicago School of Professional Psychology (Clinical)	Virginia Tech (Clinical)
University of Alabama (School)	Xavier University (Clinical)
University of Albany – SUNY (Clinical)	Vanderbilt University (Clinical)
University of Buffalo (Clinical & Counseling/School)	
University of Cincinnati (School)	
University of Denver (School)	
University of Eastern Michigan	
University of Georgia (School)	

**Current Professional Activities & Locations (After Fellowship)**

ACTIVITY	LOCATION
• Assistant Professor	Duke
• Assistant Professor	Munroe Meyer Institute, University of Nebraska Medical Center
• Assistant Professor	Murray State University
• Assistant Professor	University of Alabama
• Assistant Professor of Pediatrics	University Wisconsin-Milwaukee, School of Medicine
• Assistant Professor of Pediatrics & Clinical Faculty(5)	Emory University School of Medicine / Marcus Autism Center
• Assistant Professor of Psychology	University of Wisconsin, Milwaukee
• Assistant Professor of Psychology	University of North Carolina, Wilmington
• Assistant Director of Clinical Services & Research	Trumpet Behavioral Health, San Jose, California
• Autism Program Director	Emerge Center For Communication, Education and Development, Baton Rouge, Louisiana
• Behavioral therapist	San Diego, California
• Child Psychologist	Hong Kong, China
• Pediatric Neuropsychologist	Integrated Center for Child Development, Boston, Massachusetts
• Private Practice (4)	Atlanta, Georgia
• Private Practice	Greensboro, NC
• Private Practice	Harrisonburg, Virginia
• Private Practice	Long Island, New York
• Private Practice	Louisville, Kentucky
• Private Practice	New Orleans, Louisiana
• Private Practice	Seattle, Washington
• School Psychologist	Durham, North Carolina
• Staff Psychologist (4)	Children's Healthcare of Atlanta, Atlanta Georgia
• Staff Psychologist (2)	Cincinnati Children's Hospital, Developmental & Behavioral Pediatrics
• Staff Psychologist	Boston Children's/ Harvard Medical
• Staff Psychologist	The Kelly O'Leary Center for Autism Spectrum Disorders, Cincinnati, Ohio Children's Healthcare of Atlanta Internship
• Staff Psychologist (2)	Kenney Krieger
• Staff Psychologist (2)	May Institute

## APPLY

### Selection Criteria

We are interested in highly qualified applicants who have a demonstrated commitment to clinical and research interests relevant to work with children with pediatric populations. Applicants must be enrolled in a doctoral psychology program (School and Clinical Psychology preferred, Counseling Psychology considered) at a regionally accredited institution of higher education and must have completed at least three years equivalent of full-time graduate-level study by the start of the internship. In addition, applicants must have the approval of their graduate program Director of Clinical Training, and have the completed at least 500 hours of practicum work at the time of application, and they must have a dissertation/capstone project proposal accepted by their graduate faculty to the start of internship. Our internship follows the selection guidelines and procedure of the Association of Psychology Postdoctoral and Internship Center (APPIC), and thus application materials are not accepted directly by the program. In the APPIC match process, successful candidates will match with one Track, although they may list multiple Tracks on their match rank-order list.

Successful candidates on the Intensive Intervention Track, Multidisciplinary Feeding Track, and Complex Behaviors Support Track will have a strong background in behavioral theory and treatment, and/or other significant clinical experience with individuals with developmental disabilities. Successful candidates on the Neurodevelopmental Assessment and Early Intervention Track will have considerable standardized assessment experience, including some experience with autism or other developmental disabilities. Successful candidates for the Behavioral Mental Health Track will have significant experience using evidence-based treatments within individual therapy. Candidates to the School Consultation Track must experience in schools and have a BCBA. Candidates to the Pediatric Psychology track will have experience with children with co-occurring medical and psychological conditions.

The internship requires a minimum of 500 combined hours practicum, which may include and assessment and treatment experiences. Preference is given to applicants from programs accredited by the APA or the Canadian Psychological Association (CPA). Foreign nationals are encouraged to apply and must arrange on their own any work visa required to hold a paid trainee position for the duration of the internship. We welcome applications from both PhD and PsyD programs.

### Application Materials and Deadline

All applicants to the Internship program are managed via the APPIC application and match process. In accordance with their guidelines, candidates must submit the following:

1. A complete APPIC Application for Psychology Internship (APPI), curriculum vitae, official transcripts of all graduate coursework, and letters of recommendation written by three professors or work supervisors must be uploaded to the application portal.
2. Within your cover letter, **please indicate your interest in specific Tracks.**
3. The Deadline for receipt of all application materials is **November 1st**. Qualified applications will be reviewed and interview notifications will be issued by the first Monday in December.



## **Interviews**

Candidates are required to complete an interview day, which will be scheduled on one of 4 days in December and/or January. Candidates will be notified of the invitation to interview by the first Tuesday in December. Please see the APPIC website for updated interview information.

## **Notification of Application Status**

This internship site agrees to abide by the APPIC Policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. Notice of acceptance into the Internship program will be extended via the computer matching service and a subsequent phone call. Confirmation is documented to new interns and their graduate program Directors of Clinical Training soon after the completion of the match.

## **Start Date**

The Internship program begins the first week of July. Alternate starting dates are not negotiable.

## **Employment Requirement**

Interns are subject to Children's Healthcare of Atlanta pre-employment screening which includes ([Policy 9.06](#)). Interns must be present two weeks prior to the start of internship to complete pre-employment screening.

Your employment will be contingent upon the following:

1. Passing a drug screen including nicotine (30 days without use) and marijuana.
2. Proof for vaccinations and titres for MMR, varicella, Tdap, hepatitis B, COVID-19, and annual influenza vaccine. Necessary immunizations will be provided.
3. Documented negative Tuberculosis (TB) blood test within the last twelve months or complete a TB blood test.
4. Pre-employment health screening to ensure employee is capable of meeting physical demands of their job description, including lifting 50 pounds.
5. Passing a background check, including misdemeanors (some case-by-case exceptions allowed for misdemeanors, please consult ahead of time).
6. Proof of eligibility to work in the United States.

## **Emory Equal Opportunity/Affirmative Action Statement**

Emory University is dedicated to providing equal opportunities and equal access to all individuals regardless of race, color, religion, ethnic or national origin, gender, genetic information, age, disability, sexual orientation, gender identity, gender expression, and veteran's status. Emory University does not discriminate in admissions, educational programs, or employment on the basis of any factor stated above or prohibited under applicable law. Students, faculty, and staff are assured of participation in university programs and in the use of facilities without such discrimination. Emory University complies with Executive Order 11246, as amended, Section 503 of the Rehabilitation Act of 1973, the Vietnam Era Veteran's Readjustment Assistance Act, and applicable executive orders, federal and state regulations regarding nondiscrimination, equal opportunity, and affirmative action. Emory University is

committed to achieving a diverse workforce through application of its affirmative action, equal opportunity, and nondiscrimination policy in all aspects of employment including recruitment, hiring, promotions, transfers, discipline, terminations, wage and salary administration, benefits, and training. Inquiries regarding this policy should be directed to the Emory University Department of Equity and Inclusion, 201 Dowman Drive, Administration Building, Atlanta, GA 30322. Telephone: 404-727-9867 (V) | 404-712-2049 (TDD).

### **Financial Support & Fringe Benefits**

The Marcus Autism Center provides financial remuneration to interns. The salary for interns is expected to be \$35,000; this is currently under administrative and budgetary review. Interns receive 15 days of Paid Time Off (vacation and sick days; additional days may be available for COVID related illness), 5 days of Professional Development leave, 11 holidays (Independence Day, Labor Day, Thanksgiving Day, day after Thanksgiving, Christmas Eve, Christmas, New Year's Eve Day, New Year's Day, Martin Luther King, Jr. Day, Memorial Day, Juneteenth), and bereavement time. In addition, interns receive \$1100 for professional development activities and up to \$5000 tuition reimbursement at their home institution (dependent on continued budgetary support).

## ATLANTA, GEORGIA

Atlanta is one of the most dynamic and intriguing cities in the United States, and yet she successfully retains her historic charm and hospitality. This continually evolving metropolis is currently home to well over four million people of great ethnic and cultural diversity. As a developing city, Atlanta has an expanding job market, encompassing the most current avenues of business, technology, and health care. Academic opportunities, associated with Atlanta's prestigious colleges and universities, are abundant. Air travel is made easy by hubs for Delta Airlines and Southwest Airlines at Atlanta's Jackson-Hartsfield International Airport.

In terms of entertainment, Atlanta accommodates a wide range of interests. Historic sites include the birthplace of and national monument for Martin Luther King Jr., the Margaret Mitchell House, the Jimmy Carter Presidential Library, and area Civil War battlefields. Cultural institutions are as varied as the Fox Theater, Atlanta Ballet, Atlanta Symphony Orchestra, High Museum of Art, and the Verizon, Lakewood and Chastain Amphitheaters. Atlanta's sports and recreational activities easily rival that of any city. Sports teams include the *Falcons* (football), the *Braves* (baseball), the *Dream* (women's basketball), the *Atlanta United FC* (men's soccer) and the *Hawks* (men's basketball). Hiking, biking, walking, rollerblading, golfing and boating can be found in Stone Mountain Park, Piedmont Park as well as many of the other area parks and gardens. Atlanta Motor Speedway and Road Atlanta are hosts to yearly stock car races. Six Flags over Georgia, the World of Coca-Cola, the Georgia Aquarium, The Center for Civil and Human Rights, Georgia History Center, Atlanta Botanical Garden, High Museum of Art, and Zoo Atlanta, and high profile shopping centers of the South are also popular attractions. Atlanta also offers a fantastic assortment of nightlife activities including bars, dance clubs, jazz clubs, and restaurants of every theme imaginable. Finally, Atlanta is located 4 hours from Savannah, among other historic southern cities, allowing for weekend trips to revisit the charm of the Old South or the beaches of the Atlantic Ocean. The overwhelming number of opportunities, whether business or pleasure, combine to make Atlanta a city of energy and excitement.

Questions may be addressed to:

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