Pediatric Psychology Rotation

Overview
The Pediatric Psychology rotation is in the Division of Clinical Behavioral Neuroscience of the Department of Pediatrics. Supervised clinical training opportunities address problems of behavior, child development, and coping with illness. The aim of this six-month rotation of the Internship is to promote the refinement of interns’ Profession-Wide Competencies as health service psychologists. In addition to the rotation-specific training, interns on the rotation participate in Internship-wide didactics.

The rotation focuses on the developmental and psychological aspects of pediatric medical care. Because a variety of social, educational, psychological and medical factors contribute to children’s total well-being, interns on the Pediatric Psychology rotation participate and work cooperatively with many subspecialty services of the Department of Pediatrics. The interdisciplinary approach is utilized because the behavioral, psychological, psychosocial, and medical problems are affected by children’s stages of development and often are too complex to be resolved by any single professional or discipline.

Patients are referred to the Pediatric Psychology program both from within the University of Minnesota Masonic Children's Hospital as well as from the community for a broad range of psychological concerns. The patient population comprises both general mental health services and specialty services related to health issues. Psychotherapeutic services may include behavioral therapy, cognitive-behavioral therapy, crisis intervention, family therapy, parent counseling, stress management, supportive therapy as well as exploration of issues related to chronic illness, death, dying, and bereavement. Interns provide both outpatient and inpatient consultative services, primarily on an individual and family basis.

Interns work primarily with child and adolescent patients and have opportunities to work with patients ranging in age from preschool to adult. Because certain medical conditions (e.g., cystic fibrosis) have historically been treated primarily by pediatricians, interns may work with a few young or even middle-aged adults with specific medical conditions. In addition, interns may become involved with the schools, courts, Child Protection, and other agencies.

The rotation offers the following primary consultative services:

- **Assessment of Developmental Disorders:**
  Standardized psychological tests, structured interviews, naturalistic observations and conferences with outside agencies (i.e., education, public health, social services) are utilized in the comprehensive assessment of a variety of neurodevelopmental issues (e.g., mental retardation and developmental disability). Opportunities may be available for participating in developmental assessments of children with fetal substance exposures,
metabolic/genetic disorders, organ and bone marrow transplantation recipients, hematology/oncology patients, international/domestic adoption, and referrals from diverse medical sub-specialties. Assessments have a neuropsychological focus including measurements of intelligence, academic achievement, memory, language, executive functions, emotional/behavior functioning, and adaptive behavior.

- **Psychological Management of Patients with Acute and Chronic Illnesses:** Pediatric Psychology interns participate as team members in the care and management of patients with diabetes, cystic fibrosis, pancreatitis, obesity, childhood cancer, renal disease, and other chronic illness. The focus is on the promotion of positive adjustment and successful coping in children and families within the context of the continuum of acute, chronic, and life-threatening illness. Systematic parent training programs may be used, as warranted by referrals, to help parents accept and cope with the diagnosis and care of medically-ill children. Psychological assessments of patients, parents, and families provide information pertinent to patient management. Psychological evaluations focus on cognitive functioning, emotional and personality development, relationships with parents and siblings, understanding of illness, adherence and participation in care, family composition, parents’ management of the child patient, siblings, and family members’ support systems. Such profiles of patients’ and families’ functioning help in designing and implementing medical and psychosocial care of medically-ill children.

- **Management of Common Problems in Behavioral Pediatrics:** Pediatric Psychology interns consult and collaborate with families in the application of behavioral principles in the assessment and management of behavioral and familial problems. Such problems include failure to thrive, recurrent pain, enuresis, encopresis, obesity, anxiety, depression, and fears.

- **Parent Counseling and Developmental Guidance:** In primary care settings, pediatricians and nurse practitioners have estimated spending approximately 70% of their time counseling parents on developmental and behavioral issues. Because pediatricians see more people during critical developmental phases than do other professionals, they are in unique positions to provide early detection and intervention. The Pediatric Psychology service provides consultation to health practitioners and parents in regard to behavioral management and parent/child relationship issues.

- **Preparation for Medical Procedures and Hospitalization for Young Children:** A child’s experience in the hospital environment can cause transient behavioral disturbances ranging from mild to severe levels. Hospitalization and illness can result in fears and stress including those related to separation from parents, unfamiliar surroundings and professionals, painful or complicated diagnostic or surgical procedures, medication effects, and complex treatment regimens, discomfort related to injury or illness, lengthy recovery periods, etc. Behavioral disturbances can include increased dependency, loss of toilet training, excessive fears, sleeping and eating disorders, and a range of regressive behaviors. On a referral basis, interns may assist children and families to adjust to the hospital environment and health problems.
Research:

The rotation’s training follows a scientist-practitioner model in which research and science inform clinical practice. Interns are expected to be familiar with literature related to clinical conditions they encounter, as well as their assessment and intervention/psychotherapy practices so that psychological services they provide are evidence-based. Interns are encouraged, but not required to, participate in ongoing research of the faculty members. Interns are expected to refine their ability to critically evaluate research and may have opportunities to participate in faculty research such as publications (e.g.,):


Supervisors:

Christopher Boys, Ph.D., L.P., University of Minnesota
Amy Gross, Ph.D., L.P., Western Michigan University

Number of Interns: Two

Length of Rotation: Six months

Supervision and Didactics:

Interns on the Pediatric Psychology rotation attend a variety of conferences and receive a minimum of two hours of individual supervision and two hours of group supervision. The topical seminar/journal club meets weekly in which interns and faculty review a range of pediatric psychology topics (e.g. principles of behavior management, enuresis/encopresis, management of recurrent pain, death/dying, promoting coping and enhancing adaptation to illness). During the course of the rotation, each intern is required to complete a journal club based on a relevant journal article of their choosing.

Schedule of Supervision and Didactics:

Individual supervision is scheduled weekly with supervisors.

Monday: • Topical Seminar/Journal Club – 7:30 a.m. to 8:30 a.m. in the Voyager Clinic

Tuesday: Tuesday is reserved for formal didactics. Interns are required to attend the following activities:
• Professional Development Series: 8:00 a.m. to 9:00 a.m.
• Assessment Seminar: 9:00 a.m. to 10:00 a.m.
• Diversity Series: 8:00 a.m. to 9:00 a.m. in the first semester, 9:00 a.m. to 10:00 a.m. in the second semester
• Psychotherapy Seminar: 10:00 a.m. to 11:00 a.m.
• Psychotherapy Group Supervision: 12:00 p.m. to 1:00 p.m.
• Topical Seminar: 1:00 p.m. to 2:00 p.m.

Wednesday:  
• Case Conceptualization Conference: 7:30 a.m. to 8:30 a.m. in the Voyager Clinic
• Grand Rounds, Department of Pediatrics-7:30 a.m. to 8:30 a.m. (as appropriate)

Thursday:  
• Group Supervision of Therapy – 7:30 a.m. to 8:30 a.m. in the Voyager Clinic

Individual Supervision  
• One hour per week set on an individual basis with each supervisor (i.e. minimum of two hours of individual supervision)

Profession-Wide Competencies

Clinical and training opportunities promote professional development in terms of professional behaviors, attitudes and practices with a foundation of ethics and communication skills for effective functioning in interprofessional healthcare teams. Interns are exposed to patients and families of diverse backgrounds. They are expected to be aware of how patients’ and their own backgrounds affect understanding of and interactions with patients and to be able to communicate with and work effectively with diverse individuals.

Training is oriented toward refining interns’ knowledge and skills in the following areas to prepare for professional practice:

a. Research  
b. Ethical and legal standards  
c. Individual and cultural diversity  
d. Professional values, attitudes, and behaviors  
e. Communication and interpersonal skills  
f. Assessment  
g. Intervention  
h. Supervision  
i. Consultation and interprofessional/interdisciplinary skills

Caseloads:

Interns are estimated to direct their time and effort among assessment (50-70%), outpatient psychotherapy (5-20%), and inpatient/outpatient consultation (5-20%) activities. Throughout the rotation, interns have opportunities to work with outpatients and medical inpatients. Interns typically complete two psychological evaluations per week on the Pediatric Psychology rotation.
Psychological Assessment: Interns see a mean of approximately two patients per week for neuropsychological assessments.

Psychotherapy: Interns see a minimum of 80 hours of psychotherapy/intervention during the rotation.

Observed Activities:

With the APA Standards of Accreditation, interns are required to be observed in supervision (case consultation) and in consultation/interprofessional/interdisciplinary interactions. The plan for these observations in the Pediatric Psychology rotation is below. Interns are also observed in other activities that are part of their preparation for the Profession-Wide Competencies, such that evaluations are based on faculty-observed performance.

Observed Supervision/Case Consultation:

Interns on the Pediatric Psychology rotation have the opportunity to work with and provide supervision/case consultation to graduate-level practicum students in various ways throughout the rotation (e.g., providing modeling and instruction on test administration). At least one time per year, each intern has opportunity to lead the Case Conceptualization Conference meeting, which includes providing direct supervision to the practicum students who are preparing for upcoming neuropsychological evaluations. This supervisory experience is observed by at least one rotation supervisor.

Observed Consultation/Interprofessional/Interdisciplinary Interactions

Each intern is assigned to at least one multidisciplinary clinic (e.g., Teen Weight Loss Surgery, Family Weight Management) that is staffed by at least one supervisor and various other medical professionals (e.g., physician, registered dietician, and registered nurse). Under direct supervision of a rotation supervisor, the intern will consult with the other medical professionals during preparatory meetings, day-of clinical interactions, and follow-up meetings. Other supervised consultation experiences will happen on an as-needed basis with various medical and educational teams.

Evaluation/Quality Assessment and Improvement:

Formative evaluation and feedback are provided throughout the rotation. Formal, summative evaluation of both interns and supervisors occurs at both the midpoint and end of the rotation. The Minnesota Supervisory Inventory (MSI) is used to evaluate interns based on their activities. Interns evaluate supervisors using the Supervisor Evaluation.
Support and Technical Staff:

The Pediatric Psychology Program has a dedicated scheduler and a dedicated nurse program coordinator. Infrastructure includes prior authorization services and billing services.

Physical Space:

The Pediatric Psychology interns are provided dedicated space in the intern office with desk, filing cabinets, computer and telephone. The Voyager Clinic has a team room as a touchdown space when the interns are in clinic as well as dedicated assessment and therapy rooms. The Voyager Clinic has a pediatric waiting room with child-focused magazines and toys.

Clinic Operations:

Psychotherapy Referrals:

Drs. Boys and Gross distribute individual psychotherapy cases to trainees. Interns are encouraged to obtain as much psychotherapy experience as is reasonably possible during the Internship so as to prepare them for practice as well as contribute to the clinical service of Pediatric Psychology.

Documentation of Services:

Documentation of each patient contact should be made in EPIC, the patients' electronic health record (EHR). Supervisors co-sign all psychological assessment reports, progress notes, letters, significant telephone contacts, etc. All documentation needs to be signed in a timely manner.

Billing for Services:

Interns are responsible for completing the appropriate billing sections of the electronic medical record after each patient contact, including identifying themselves and their supervisor as the providers.

Treatment Plan:

A treatment plan is required for each psychotherapy patient by the end of the 2nd session. Interns are responsible for completing treatment plans for patients and reviewing them with patients and/or parents or guardians consistent with UMP policies.

Release of Information:

Efficiently obtaining release of information forms is central to providing effective and responsible patient services. Information regarding a patient cannot be obtained or given out without the express written permission of the parent or legal guardian of the child patient. This is a legal as well as an ethical issue. Not obtaining proper authorization for release of
patient information could result in legal action taken against individual professionals, trainees, personnel and/or the hospital. Interns are expected to be aware of ethical and legal standards (e.g., HIPAA) for releasing information and to clarify releases with their supervisors.

**Completing Patient Information Releases:**

Release of Information forms need to be completely filled out prior to the parent or guardian signing the form. This includes identifying information, information on the provider and requestor, what information is being requested, medical condition, time period, and the purpose of the information release.

*Please Note:* It is of utmost importance that the parent/guardian understand and agree to the information being documented on this form. It is important that they sign and date this form after the requested information has been completed. Any information added after the parent/guardian originally signs the form should be initialed and dated by the parent/guardian.

**Handling of Patient Information:**

All files containing protected health information (PHI) are to be password protected and kept securely. Information obtained during clinic visits and from other providers during the course of a psychological assessment should be submitted to medical records to become part of the patient’s medical chart. Test protocols completed over the course of a psychological/neuropsychological evaluation are maintained in a file cabinet inside a secured team room. Once an evaluation is completed and the report is written, the test protocols are stored in file cabinets in a locked storage room in the clinic. The current-year files are stored on site in the secured file room with subsequent years stored offsite in a secure document storage facility. They are retrievable in 24 to 48 hours if needed. Medical records and prior psychological testing that is obtained during an evaluation is scanned into the electronic medical record by Health Information Management (HIM) personnel.

**Interdepartmental Communication:**

Psychology interns are provided an individual mail slot in the Pediatric Psychology office area. Interns should frequently check their mailbox since phone messages, departmental memos, and incoming mail may be distributed in this manner. They also are responsible for checking their email, though patient information with identifying data is not to be communicated via email because it does not have the heightened security of other communication modalities.