



UAB Clinical Psychology Internship Program 2026-2027

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Birmingham, Alabama 35294-0019
205-934-9938 (UAB)
<http://www.uab.edu/medicine/psychiatry/education>

Application Due Date: November 1, 2025

APPIC Match #s:

262412 - UAB Psychiatry – Neuropsychology
262415 – UAB Psychiatry – Behavioral Health Track
262414- UAB Psychiatry – Generalist
262413 – UAB Child
262411– Pediatric Neuropsychology



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UAB Clinical Psychology Internship

The University of Alabama at Birmingham (UAB) Medical Center offers interns training experiences across a range of populations and settings, located in the historic Southside district of the city. In addition to psychology internship training, UAB Medicine serves as a major training facility in the region and have students, interns, residents, and fellows in nearly all health care specialties.

We have a long history of psychology internship training, beginning in the 1960s, and UAB has experienced significant growth in psychology services since that time. UAB Medicine has greatly expanded psychology services in recent years, to include multiple rotations in neuropsychology, transplant services, trauma related disorders, integrated behavioral medicine, as well as cutting-edge clinics for LGBTQ Wellness and suicide prevention.

Local Information

The city of Birmingham has a population of 196,357 (U.S. Census Bureau estimate, 2024) and is the central hub of a metropolitan area of 1.1 million people. Known as the Magic City, Birmingham is a vibrant urban landscape known for its history in the civil rights movement, world-class medical research, and celebrated food, music, and arts scene. Birmingham and the associated communities are all within close proximity to a wide array of green spaces, including lakes, rivers, streams, and hiking trails.

Click the link below for a quick video tour of what Birmingham has to offer!

<https://www.youtube.com/watch?v=HC9Ke6O-TOs>

Additional locale information can be found at the following links:

<https://www.birminghamal.org/>

www.bhamnow.com

<https://birmingham.momcollective.com/>

Accreditation Status

The UAB Clinical Psychology Internship Program was granted “accredited, on contingency” status with an initial date of accreditation of October 3, 2023 by the American Psychological Association’s Commission on Accreditation (CoA).

APA can be contacted at:

American Psychological Association
750 First Street NE
Washington, DC 20002-4242.
(202) 336-5979 or (202) 336-5500

Selection Procedures

Eligibility

A candidate for the UAB Clinical Psychology Internship Program is considered based on the following:

- Candidates must show verified progression within a doctoral program in Clinical or Counseling Psychology that is APA-accredited (or in the process of APA accreditation with reasonable likelihood of success).
- US Citizenship is not required.
- There are no minimum required hours for application. Our settings and faculty offer training across a broad array of clinical experiences, including neuropsychology, Behavioral medicine, trauma recovery, and rehabilitation. We welcome applicants with primary interests in assessment, intervention, or both.
- We are strongly committed to building a diverse internship class and welcome applications from prospective trainees of varied ethnic, cultural, sexual orientation, and/or disability backgrounds.

Interested individuals who meet eligibility criteria should submit the following application materials using the online AAPI application process. *All application materials are due by November 1, 2025.*

- The APPIC Application for Psychology Internship (AAPI)
- A cover letter indicating intent to apply to the internship and internship training interests. Please indicate the track (s) to which you are applying: UAB Psychiatry Generalist, UAB Psychaitry Neuropsychology, UAB Behavioral Health or UAB Child.
- A curriculum vita
- Official graduate transcripts
- A minimum of three letters of reference (not including the letter of verification from the Graduate Training Director)

Interviews

Interview invitations will be sent via email no later than **November 17, 2025**. Applicants will be offered two dates from which to choose and the opportunity to interview with a number of faculty across departments. Interviews will continue to be conducted virtually. Virtual interviews for child-track applicants will be held on **December 12** and **December 15, 2025**. Virtual interviews for adult-track applicants will be held on **December 15, 2025** and **January 12, 2026**.

Selection

The UAB Clinical Psychology Internship Program complies with all APPIC guidelines in the recruitment and selection of interns and participates in the computer match program. The program agrees to abide by the APPIC policy that no person at this training program will solicit,

accept, or use any ranking-related information from any intern applicant. A complete copy of APPIC policies can be found at the APPIC website at www.appic.org. Those matched will be contacted by the Training Directors at the appropriate time on match day. Matched interns are also notified via e-mail as well as USPS mail to obtain appropriate signatures. Letters of recognition of the match are sent to each intern's program director.

Requirements for Completion/Performance Standards

To complete the internship successfully, interns must achieve:

- Average ratings of (6) *Little consultation/Supervision needed. Sound clinical thinking/judgement evident overall. Intern exit level* on all competency elements on their final rotation evaluations
- Satisfactory rating on research presentation
- Satisfactory rating on peer supervision skills during weekly group psychotherapy supervision
- Equivalent of one year of a full-time training internship (2000 hours)

Psychology Training Overview

Internship Positions

Internship slots (6) are funded by UAB Medicine. There are three adult-track positions and three child-track positions. For the adult track of the internship, the Department of Psychiatry and Behavioral Neurobiology funds three internship positions, one generalist, one neuropsychology, and one behavioral health focused. The three child-track positions are funded by the UAB Maternal and Child Health Leadership Education in Neurodevelopmental and Related Disabilities (LEND) program which is housed within UAB Civitan-Sparks Clinics. The Pediatric Neuropsychology track position is sponsored by the Children's of Alabama (CoA) Department of Behavioral Health and UAB Division of Pediatric Hematology, Oncology, and Blood & Marrow Transplantation (UAB Hem/Onc).

Program Leadership

Dr. Tiffany Nowell is the Training Director for the adult tracks (tnowell@uabmc.edu, 205-934-9938). Dr. Ashley Hanson is the Associate Training Director for the adult tracks (agabriel@uabmc.edu, 205-934-6054). Dr. Sarah O'Kelley (sokelley@uab.edu, 205-975-5781) is the Training Director for the UAB LEND program, and acts as a liaison for other child-focused rotations. Drs. Nowell, Hanson, and O'Kelley act as the executive leadership committee and maintain overall responsibility for the internship program.

Program Training Sites

[The University of Alabama at Birmingham \(UAB\)](#) offers interns training experiences across a range of populations and settings. In addition to psychology internship training, UAB serves as major training facilities in the region and has students, interns, residents, and fellows in nearly all health care specialties.

UAB is a large service, research and educational complex consisting of the Medical Center, University College, and the Graduate School. UAB is the state's largest employer occupying more than 70 square blocks on Birmingham's Southside. Associated with the University, [Children's Hospital of Alabama](#) serves as an additional training site for UAB-funded psychology interns.

Numerous resources are utilized in the Internship Program including multiple programs at the stipend sites of [UAB Psychiatry](#) (including the [Community Psychiatry Program](#) and [Center for Psychiatric Medicine](#)), and [Civitan-Sparks Clinics](#) (through funding by [LEND training grant](#)). In addition, interns are able to train in additional UAB clinical settings, such as the [Spain Rehabilitation Center](#) and the [Neuropsychology Division of the Department of Neurology](#). Faculty functions include clinical service, research, and teaching (medical students, psychiatric residents, psychology interns, clinical psychology graduate students, social work trainees, postdoctoral fellows, and allied health trainees).

Training Model and Program Philosophy

The UAB Psychology Internship is committed to the philosophy that psychological practice should be based on the science of psychology which is influenced by the professional practice of psychology. We are grounded in the **scientist-practitioner** model and believe interns should receive training that integrates research and clinical experience. In particular, we are committed to the practice of empirically supported treatments.

The Internship also holds the philosophy that the internship year is best served with generalist training, which includes a variety of experiences with a variety of populations. Although some students may begin specializing during the internship year, they must do so while completing generalist experiences. The need for training to be graded in complexity, sequential, and cumulative is viewed as vital to the overall professional development of the intern. With this in mind, the primary goal for the training year is to prepare interns for the professional practice of clinical psychology. Thus, interns are expected to develop competence for entry-level practice in preparation for postdoctoral employment or specialty training.

The Internship is also committed to the philosophy that training is best accomplished in a manner that respects the trainee and their individual needs throughout the year. Our ability to construct a schedule specific to the needs of each intern and to revise that schedule as the needs of the intern change is vital to this internship site. Interns are treated as junior colleagues and mutual respect between interns and faculty is paramount, wherein interns can expect supervision, mentorship, and collegiality.

Program Aims and Competencies

The aim of our program is to train future psychologists who are competent to provide high-quality clinical services which are grounded in scientific research. We train interns to achieve competence in the following core areas. Interns are provided formal, written feedback on progress toward competencies at mid-rotation and the end of each rotation. Interns also receive informal feedback from their supervisors throughout their training experience.

Research: Interns will demonstrate substantially independent ability to critically evaluate and disseminate research or other scholarly inquiries (e.g, case conference, presentation, publications) at the local, regional, and/or national level.

Evaluation: This competency is evaluated via a research presentation which will occur at neuropsychology seminar, Psychotherapy Consultation Series or Case Conference, or UAB Psychiatry Grand Rounds. At least 3 faculty members attend and evaluate the presentation. Research presentations may consist of the intern's original research or a clinical case conference focused on published peer-reviewed research that illuminates a complex case or disorder. Additionally, rotation supervisors are expected to evaluate the intern's ability to integrate relevant literature regarding assessment and/or intervention relevant to patients being seen in the clinical setting. An intern is expected to use literature to inform clinical decision making.

Ethical and Legal Standards: Interns will be knowledgeable of and act in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels. They will recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas. They will behave in an ethical manner in all professional activities.

Evaluation: This competency will be observed by direct supervisors through observation of clinical activities and weekly supervision. It will also be observed by indirect supervisors and other staff, including treatment team members and peers.

Individual and Cultural Diversity: Interns will demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact

with people different from themselves, as well as knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service. They will also demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their training and careers to date. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict or contrast with their own. They will demonstrate the independent ability to apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

Evaluation: Interns participate in interactive didactics on a variety of topics related to individual and cultural diversity. Additionally, interns are expected to regularly discuss considerations of individual and cultural diversity with their clinical supervisors.

Professional Values, Attitudes, and Behaviors: Interns are expected to behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. They engage in self-reflection regarding one's personal and professional functioning and engage in activities to maintain and improve performance, well-being, and professional effectiveness. They actively seek and demonstrate openness and responsiveness to feedback and supervision and respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Evaluation: Supervisors provide assessment of professionalism across activities in all aspects of the training program, including seminar participation and presentations, clinical activities, team meetings, and supervision.

Communication and Interpersonal Skills: Interns will develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. They will produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated and demonstrate a thorough grasp of professional language and concepts. Interns will demonstrate effective interpersonal skills and the ability to manage difficult communication well.

Evaluation: Supervisors will observe and evaluate the intern's communication and interpersonal skills across a broad range of contexts, including direct patient care and consultation with other professionals and trainees.

Assessment: Interns will select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics to

collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. They will also interpret assessment results following current research and professional standards and guidelines to inform case conceptualization, classification, and recommendations while guarding against decision-making biases and distinguishing the aspects of assessment that are subjective from those that are objective. Finally, interns are expected to communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences. The intern will exhibit the ability to generate a formal report incorporating history, interview, collateral information (if available), behavioral observations, and testing data that integrates information into an accurate conceptualization of the individual. The report will include strengths, areas of weakness, diagnostic conclusions, possible additional evaluation needs, and treatment recommendations. At the end of the training program, the intern's report should require only minimal editing by the supervising psychologist.

Evaluation: Interns' assessment skills will be evaluated across a variety of major and minor rotations requiring various assessment approaches, including interviews, self-report measures, structured interview formats, personality measures, intellectual and cognitive measures, adaptive behavior scales, and provision of feedback.

Intervention: Interns will establish and maintain effective relationships with the recipients of psychological services. They will develop evidence-based intervention plans specific to the service delivery goals and implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. They will modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking. They will evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.

Evaluation: This competency is evaluated through individual and group therapy cases independent of a major or minor rotation as well as any intervention experiences associated with selected rotations.

Supervision: Interns will apply supervision knowledge in direct or simulated practice with psychology trainees or other health professionals.

Evaluation: This competency is evaluated during weekly group psychotherapy supervision, as interns take turns providing peer supervision to each other. There are additional opportunities to develop supervision competency throughout the year, including supervision of junior level trainees.

Consultation and Interprofessional/Interdisciplinary Skills: Interns demonstrate knowledge and respect for the roles and perspectives of other professions. They are expected to apply this

knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, and/or systems related to health and behavior.

Evaluation: Supervisors observe and evaluate interns' interactions with other professionals in a variety of contexts across major and minor rotations.

Program Structure

Interns should plan to complete all major rotations within their funding site. During orientation, interns learn about available training experiences. Rotation supervisors attend orientation in conjunction with their institution or department colleagues to discuss the population served, what problems are seen, how this rotation adds to diversity and inclusion training, and in what activities interns may participate. Interns are also assigned a year-long supervisor from their funding site prior to the start of the internship year. The year long supervisor attends orientation and assists with planning rotation schedule, considering gaps in previous training, goals for internship year, and future career goals. At the end of the second day of orientation, interns, their year-long supervisors, interested faculty members, and the training directors assemble to build the rotation schedules for the intern class.

Sometimes, the order in which an experience is completed may change due to limited availability within a training rotation. Because many rotation supervisors provide clinical services throughout the week and maintain active clinical practices, it is rare that an intern is unable to complete an experience. Typically, the intern will be able to train in the setting or with the faculty member of interest but perhaps during a different time than originally requested. While it is expected that interns will schedule their training experiences during orientation, the intern has the option to review the proposed program and to consider alternatives as the intern gathers additional information from peers about a rotation, identifies a deficit to remediate that requires a change, or would benefit from a different experience to prepare for a postdoctoral or employment opportunity. Changes will be made in consultation with the year-long supervisor and training directors. Any proposed changes to a schedule cannot adversely affect another intern's program of training.

The internship year was traditionally divided into trimesters. However, we have adapted to two six month rotations, as rotations function better with a longer time commitment to establish rapport with patients, complete a course of psychotherapy, and adapt to supervisor styles of training. It is expected that interns will complete at least four distinct rotations. Interns also maintain a caseload of approximately one to two psychotherapy cases outside their rotations throughout the training year. All interns attend a weekly group supervision seminar (Monday, 11:00-12:00pm). Within the weekly group supervision meeting, interns learn evidence-based psychotherapy protocols (e.g., Acceptance and Commitment Therapy).

Referrals come from UAB Psychiatry. The interns take turns providing in-depth overviews of their therapy cases and offering feedback to each other. As the training year progresses, interns take turns leading the weekly seminar and thus have the opportunity to receive feedback and formal evaluation from faculty supervisors on their peer supervision skills. During the training year, child-track interns' psychotherapy caseloads should include at least two patients or intervention activities (e.g., social skills group) with children at the Civitan-Sparks Clinics and may include child and/or adult patients supervised by internship faculty.

Supervision

Interns receive a *minimum* of four hours of supervision per week, including at least two hours of individual supervision. Supervision is typically conducted face-to-face or tele-supervision. Interns will receive supervision from the following sources across the training year:

1. *Year-long supervisor:* Each intern is assigned a year-long supervisor at the start of the training year. This supervisor assists the intern in development of their rotation schedule and training plan for the year and acts as their advocate throughout the internship year. The year-long supervisor meets with the intern at least monthly throughout the training year. The supervisor will also make reports or convey requests to the Internship Training Committee (ITC). The supervisor will be responsible for compiling the intern's rotation and therapy evaluations, assuring/documenting that the intern has reviewed the evaluation and been provided an opportunity to respond, and, in conjunction with the ITC, evaluating the intern's progress toward meeting profession wide competencies and minimum level of achievement necessary for successful internship completion. Additionally, year-long supervisors are expected to monitor supervision received by the intern to assure it meets accreditation standards of regularly scheduled.
2. *Rotation supervisor:* A rotation supervisor is a faculty psychologist or other professional approved by the PTC who teaches, instructs, observes, and otherwise assumes direct responsibility for a specific clinical training activity. Interns receive at least one hour per week of regularly scheduled individual supervision from their major and minor rotation supervisors. In addition to scheduled supervision, interns frequently conduct assessments and therapy sessions along with their supervisors, allowing for in-vivo supervision. Supervisors will evaluate the intern monthly, at the six week point of the rotation to give formative feedback, and at the conclusion of the training activity to provide a summary performance assessment. Evaluations are discussed with the intern and communicated to the year-long supervisor.

3. *Case supervisor:* Interns also carry caseloads of at least two psychotherapy patients outside their rotations throughout the year. All interns receive patients from UAB Psychiatry and attend a two-hour group supervision with Drs. Tiffany Nowell and Alison Thomas. The evidence-based treatment, Acceptance and Commitment Therapy, is the therapeutic modality initially taught and used by interns. Additional evidence-based psychotherapy protocols may be added across the training year, depending on intern level and skill. Child-track interns' caseloads should include at least two patients or intervention activities (e.g., social skills group) with children at the Civitan-Sparks Clinics and may include child and/or adult patients supervised by internship faculty.

Adult Track Overview

There are three adult training tracks, (a) one generalist (262414) track position, (b) one neuropsychology (262412) track position and (c) one behavioral health (262415) track position all funded by UABMC Department of Psychiatry and Behavioral Neurobiology. Major rotations are defined by the individual track, and, thus, funding source. As such, an adult intern is limited to major rotations within the Department of Psychiatry. Minor rotations are chosen from the multitude of additional training opportunities, regardless of funding source, to ensure mastery of all Profession-Wide Competencies.

Generalist Track (262414):

This adult track emphasizes the provision of quality clinical training under faculty supervision to ensure solid foundational skills to increase interns' ability to provide competent and flexible services to a general outpatient population. Available major rotations are predominantly intervention focused but also include assessment opportunities (primarily neuropsychological). Intervention options span several theoretical orientations (e.g., psychodynamic, second wave CBT, third wave CBT), types of interventions (e.g., manualized ESTs, process oriented individual therapy), settings (e.g., inpatient psychiatry, outpatient, community mental health, integrated primary care), and populations (e.g., geriatric, child and adolescent, underserved, early phase psychosis). There may also be opportunities to gain supervision experience and for program development, depending on supervisor availability and intern interest. Though generalist training is encouraged, interns may, if desired, specialize with a specific population. For example, interns may gain experience treating patients with childhood and other non-military PTSD through a year-long minor rotation (1 day per week) with UAB Department of Psychiatry's Trauma and Related Disorders Clinic. In addition, both focused trauma intervention and trauma-informed care is provided across the outpatient services in the Department of Psychiatry (e.g., general outpatient, community mental health).

Please go to page 27 to view the full description of the generalist track.

Neuropsychology Track (262412):

Interns desiring eventual board certification in clinical neuropsychology will easily meet the requirement for 50% neuropsychology training through UAB Medicine. Major rotations at UAB Psychiatry occur primarily as outpatients but with some involvement on inpatients units to provide interns with individualized experiences in assessment administration, scoring, report writing, interviewing and feedback. There are also opportunities for comprehensive treatment planning which often includes tailored, actionable recommendations that can incorporate short-term behavioral and cognitive behavioral interventions offered within the department. Through these rotations, interns will gain experience with a wide variety of neurological populations often with comorbid complex medical and/or psychiatric histories. A minor rotation in the Department of Neurology offers outpatient evaluations with a variety of neurologic conditions, including dementia, movement disorders, pre-DBS and pre-epilepsy surgery evaluations, brain tumor evaluations, and Wada testing. Additionally, experience with inpatient and outpatient TBI/Acquired Brain Injury and stroke services are another minor rotation within the Department of Physical Medicine and Rehabilitation; multidisciplinary teamwork is often a major component to this rotation. Lastly, there are several board-certified faculty members to provide training consistent with Houston Conference Guidelines.

Please go to page 41 to view the full description of the neuropsychology track.

Behavioral Health Track (262415):

Individuals selecting the Behavioral Health track will be funded through the Department of Psychiatry, with a major rotation through primary care and/or family medicine. There are also multiple rotation offerings with a behavioral medicine focus within the department and in other departments. For example, interns may choose a minor rotation with UAB Behavioral Sleep Medicine where they may arrange their training to meet requirements for board certification in Behavioral Sleep Medicine. Integration into the Functional Neurological Disorders clinic will allow for multidisciplinary teamwork for patients with FND, including the intern being a main component of treatment. Interns may choose a minor in the Medical/ Surgical Behavioral Medicine rotation, which encompasses the UAB transplant service, Bariatric Services and spinal cord stimulator evaluations. Interns may gain experience in a nephrology clinic setting through UAB psychiatry. Additionally, interns may choose to do a major or minor rotation in UAB's COVID-19 clinic. As a minor experience, interns may choose rotations with Spain Rehabilitation Psychology to gain additional experience with conducting medical/psychosocial evaluations as well as brief interventions focusing on pertinent considerations for patients within an inpatient rehabilitation setting (i.e., behavioral management/intervention, environmental management, family education and counseling, crisis intervention). An opportunity to provide behavioral health services for outpatient Cardiopulmonary Rehabilitation services may also be available via the Medical Trauma minor rotation.

Please go to page 54 to view the full description of the behavioral health track.

Child Track Overview

There are three child training tracks (a) two child (262413) track positions, (b) one pediatric neuropsychology (TBA) track position. Major rotations are defined by the individual track. Minor rotations are chosen from the multitude of additional training opportunities, regardless of funding source, to ensure mastery of all Profession-Wide Competencies.

Child Track (262413):

The Child specialty track provides exposure to diverse and complex clinical populations in a wide variety of settings, including Civitan-Sparks Interdisciplinary Clinics (a LEND/UCEDD training site) and Children's of Alabama. The diversity of settings and role functions afford numerous opportunities to interface with physicians, other health care professionals, schools, state agencies, advocates, and mental health professionals. All services emphasize the need to impact systems of care and individual lives through clinical service delivery to individuals and families, community education, and advocacy. Along with their supervisors, child interns are members of interdisciplinary teams throughout most of their rotations. The primary training method is experiential (i.e., direct service delivery) and supervision plays a central role in the learning process. Interns participate in the three Major rotations (Developmental, School-Age, Pediatrics/Neuropsychology) and three Minor rotations (Autism, Adult, Elective Child Experience).

Please go to page 65 to view the full description of the child track.

Pediatric Neuropsychology (262411):

Interns desiring eventual board certification in clinical neuropsychology will easily meet the requirement for 50% neuropsychology training through Children's of Alabama Hospital and UAB Medicine. Major rotations at Children's of Alabama involve a variety of settings and complex medical populations. The major neuropsychological rotations provide depth and breadth of training as a clinical neuropsychologist, including both inpatient and outpatient exposure, consult/liaison services, and participation as an integral member of interdisciplinary medical teams. Neuropsychology rotations offer a wide range of medical and neurological populations, including, but not limited to, epilepsy, stroke, genetic conditions, cancer and blood disorders, traumatic brain injury, and genetic conditions. The intern also has opportunities to be involved in epilepsy presurgical team meetings, concussion clinic, hospital consultations, and cognitive rehabilitation. In these rotations, interns will gain experience with a wide variety of neurological populations often with comorbid complex medical and/or psychiatric histories. The primary training method is experiential (i.e., direct service delivery) and supervision plays a central role in the learning process.

Please go to page 77 to view the full description of the pediatric neuropsychology track.

Administrative Policies and Procedures

Work Environment and Administrative Assistance

Interns select multiple training experiences from within the UAB Health System and The Children's Hospital of Alabama. Each site is responsible for providing adequate space and equipment for interns to conduct their training. Most offer designated office space and computers or computer access. Sites also provide administrative support appropriate to the training activities.

Diversity Statement

UAB adheres to Equal Employment Opportunity policies and the Americans with Disabilities Act. The internship highly values individual and cultural diversity and strongly encourages qualified applicants from all backgrounds to apply. No applicant or intern will be discriminated against on the basis of race, gender, color, sexual orientation, ethnicity, religion, age, physical ability, or other cultural/individual differences. Applicants of diverse cultural and individual backgrounds are strongly encouraged to apply.

Work Week

The work week and clinic hours for support staff of most Medical Center work sites is typically 8:00 a.m. to 5:00 p.m. Monday through Friday. These hours vary somewhat among programs (e.g. some rotations begin at 7:00 a.m.; others end at 6:00 p.m.). The typical workday of interns is expected to be 8 hours per day for 40 hours per week. Hours outside of the typical workday are expected but vary from site to site.

Stipend and Financial Assistance

Each funding site has required paperwork that is completed at the beginning of the internship year. Stipends are paid according to the policy established by each stipend support site. The stipends for the 2026-2027 training year is \$27,479 for all tracks. Health insurance is available to interns and their spouses/families through all funding sources.

Holidays

Labor Day, Thanksgiving Holiday (Thursday-Friday), Christmas Holiday (December 25th), New Year's Holiday (January 1st), Dr. Martin Luther King Jr Day, Memorial Day, Juneteenth, and Independence Day. *In special circumstances, other days may be declared holidays by appropriate administrative authority.

Intern leave includes:

- 13 days for vacation, Up to 13 days sick leave
- Additional time may be requested for approved professional activity

All requests for leave are to be submitted using the MedHub online system. The intern applies in MedHub and the leave request is routed to the year-long supervisor for approval. The intern is responsible to notify major and minor rotation supervisors of the leave, sending an approval from the internship administrative coordinator while copying the year-long supervisors and internship directors. The intern is responsible for obtaining permission from the year-long supervisor as well as other supervisors prior to leave submission and for arranging clinical coverage as necessary. Permission for planned leave time is required. If the intern is ill, they must notify the supervisor(s) as soon as possible and do so on a regular basis if illness is prolonged. Interns should contact the rotation administrative support team and take whatever other steps are necessary to cancel, reschedule or otherwise cover scheduled clinical contacts. Upon return to work, a MedHub leave request should be completed. Leave time may not be used in bulk at the end of the year without prior approval from the year-long supervisor and the Training Directors.

Schedules

After the two-day orientation, the interns schedule will be made. It is the intern's responsibility to email a copy of their rotation schedule and phone numbers where they may be contacted to their year-long supervisor, rotation supervisors, training directors, and internship administrative personnel. Every attempt should be made to keep these schedules up-to-date. A new schedule sheet should be made with each rotation change. The intern is responsible for informing the appropriate supervisor of their schedule and patient appointments. This procedure will help ensure charts are made, fees are collected, and interview rooms are not double scheduled.

Outside Activities

All outside activities, including external work, seeing patients, conducting research, outside consultation or public presentations must be approved by the training directors, the intern's supervisor (s), and the Internship Training Committee (ITC). In no case is an intern to commit to a training or research activity without due consultation with the supervisor(s). Initiative is encouraged but no arrangement should be made before obtaining the consent of the supervisors, the training directors, and the ITC.

Extension of Internship

The internship is designed to be completed in twelve (12) consecutive months. It may be extended if the intern has been granted personal/medical leave or has not demonstrated satisfactory progress such that the intern will not have completed 2000 hours of internship experience. If such extensions occur, they will be on a non-stipend basis, as funding cannot be extended beyond the consecutive 12 months period. Such decisions will be made on an individual basis and should be brought to the Training Directors and Committee by the intern's year-long supervisor.

Internship Certificate Award

Following a successful completion of the internship, the intern is awarded a certificate of completion of internship training. The UAB Psychology Internship also awards the C.J. Rosecrans Intern of the Year Award for excellence in performance. This award is voted on by the ITC faculty and is generally accompanied by a monetary gift.

Internship Training Committee

The Internship Training Committee (ITC) consists of licensed professional psychologists involved with the provision of clinical services within the UAB School of Medicine and Children's Hospital. Members of the ITC provide clinical experiences, didactic training, and/or research opportunities across settings from which interns may choose. The ITC is responsible for establishing policies and procedures, evaluating the program, and reviewing intern progress. ITC meetings occur on the fourth Tuesday of the month at 12:00 noon via zoom. These meetings include internship updates, information from the intern representative, and evaluation of intern progress.

Evaluations

Evaluation is an ongoing process, and the ITC strongly encourages supervisors and interns to share feedback with each other informally throughout the year. Formal intern evaluations take place at the midpoint and end of rotations. The intent of the midpoint evaluations is to provide early identification of any areas of concern so that the faculty and intern can address deficits early. Midpoint evaluations are considered "formative" with greater emphasis placed on the end of rotation performance ratings with respect to assessing progress. For interns to meet the minimum level of achievements (MLA) on their evaluations, they must have an average score of, "(6) Little consultation/Supervision needed. Sound clinical thinking/judgement evident overall. (Intern exit level; postdoc entry level)," or higher on each PWC at the end of their final rotation. This average will be created across supervisor ratings of their final major and minor rotations.

In collaboration with the Training Directors, each intern's year-long supervisor will assess competency ratings at the end of each rotation to ensure that informative feedback is provided to interns and supervisors and to allow for any necessary remediation with interns who might be at risk for not meeting the MLAs by the end of the year. Rotation feedback will be discussed with the intern by rotation supervisors as well as the year-long supervisor. The supervisor reviews the feedback with the intern and the written evaluation will be placed in the intern's permanent file by the internship administrative personnel.

Interns are also responsible for evaluating the internship program. Rotation evaluations take place immediately following completion of the experience to capture accurately the intern's perspective; therapy and year-long supervisor evaluation forms will be given to interns at the end of the year and returned to internship administrative assistant for collation and recording. These evaluations are conducted via anonymous forms as well as during an exit interview with the designated faculty.

Guidelines for Responding to Inadequate Performance by an Intern

These guidelines represent the general format for responding to inadequate performance (problem behaviors, ethical violations, inadequate skills) by an intern. The procedures can be altered to meet the needs of each individual situation, with the top consideration for the best interest of the intern's training experience and the professional practice of psychology.

- Training faculty member first discusses the concern with the intern in an effort to resolve the issue informally. This level of intervention is discussed during the rotation evaluation at the discretion of the faculty member.
- If the faculty member is dissatisfied with the results of the informal intervention, the issue is brought to the attention of the Training Directors and the intern's year-long supervisor. Plans for additional informal intervention are discussed. Usually the intern is involved in this process. This level of intervention is discussed during the rotation evaluation and may be informally discussed with the intern's DCT from their university.
- If the results of the previous intervention are unsatisfactory, the Training Directors will initiate a written warning letter that will be reviewed with intern and placed into the intern's file. The DCT will be contacted by the Training Directors and may be sent a copy of the written warning letter.
- Dissatisfaction after a written warning will result in probation and potentially termination from the internship program as outlined by the remediation plans.

Problematic Behavior

Problematic Behavior refers to behavior which interferes with professional functioning. These behaviors may include any of the following:

- Inability to acquire professional skills or knowledge to meet profession wide competency standards.
- Inability to control personal stress, strong emotional reactions, and/or psychological dysfunction that negatively impact the intern's ability to meet professionalism competency standards.

Interns may demonstrate certain attitudes, characteristics, or behaviors appropriate for their level of training, but not appropriate to independent professional practice. These behaviors may be of concern within the focus of professional training but are not necessarily considered problematic. Behaviors are typically identified as problematic in the following situations:

- The intern does not acknowledge, understand, or address the problem when it is identified
- The quality of services delivered by the intern is negatively affected
- A disproportionate amount of attention by training personnel is required
- The trainee's behavior does not change as a function of feedback, remediation effort and/or time.

Remediation and Disciplinary Actions

Formal disciplinary action may include verbal warning, written warning, probation, and termination. Usually this represents a linear progression but is not necessarily followed depending upon the problematic behavior. In cases where personal or public property has been stolen, defaced, disfigured, damaged, or destroyed, the disciplinary action may also include restitution. The Director of Clinical Training at the intern's university is contacted once a written warning, probation, or termination occurs, but may also be notified at the time of a verbal warning as well. Every effort is made to interact with the university DCT to offer remediation plans and support to the intern. The disciplinary actions are defined as follows:

Verbal Warning: The intern is given verbal feedback from a supervisor and the training directors to emphasize the need to discontinue the inappropriate behavior under discussion. No record of this action is kept.

Written Warning: The intern is given written feedback indicating the concern of the Training Directors and ITC regarding the problematic behavior. The feedback also documents the discrepancy between the intern's performance and the faculty expectations. A remediation plan is outlined as specifically as possible (target behaviors, timeline, etc.) and the implications of failure to accomplish remediation are reviewed. The intern will be provided a copy of the remediation plan signed by the internship training director, site training director, the intern's yearlong supervisor, and the intern. A copy of this letter will be kept in the intern's file as well as documentation regarding successful remediation of deficits in knowledge, skills, or professional conduct or failure to do so. The intern will be provided written acknowledgement of successful completion of the plan. If the intern has not successfully met expectations, he/she will be informed in writing and placed on probation (see the following discussion).

Probation: The intern is given a time-limited, remediation-oriented, closely supervised training period. The purpose is to assess the ability of the intern to complete the internship and to return the intern to a more fully functioning state. Privileges may be revoked and the intern may be terminated for unsuccessful completion of the remediation plan outlined in the probation terms. Probation terms will include identification of the specific behaviors targeted for remediation, the process suggested for remediation and the means of reevaluating behavior change. Information regarding Probation remains in the intern's file along with written confirmation of the results following the probationary period.

Termination: Dismissal from the internship results in permanent withdrawal of all internship responsibilities and privileges. When remediation plans do not rectify the problem behavior or concerns, the Training Directors and the Internship Training Committee will determine the possibility of termination of the intern's position. Human Resources and Education Officials at the intern's funding site will also be consulted when termination is being considered. This action is considered the last available option and is taken seriously by the Training Directors and ITC. In the event of termination, the intern will receive a letter stating in what ways the intern failed to rectify successfully the specific knowledge, skill, or behavioral problems outlined in the written warning and probationary period. Terminated interns will not receive a certificate of internship completion.

Due Process General Guidelines

Due process ensures that decisions about interns are not arbitrary or personally based. It requires that the Training Program identify specific evaluative procedures which are applied to all trainees and provides appropriate appeal procedures available to the intern. All steps need to be appropriately documented and implemented. General due process guidelines include:

1. During the orientation period, presenting to the interns, in writing, the program's expectations related to professional functioning. Discussing these expectations in both group and individual settings.
2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.
3. Articulating the various procedures and actions involved in making decisions regarding the problem behavior or concerns.
4. Communicating, early and often, with graduate programs about any suspected difficulties with interns and when necessary, seeking input from these academic programs about how to address such difficulties.
5. Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
6. Providing a written procedure to the intern which describes how the intern may appeal the program's action. Such procedures are included in the intern policies and procedures document. This is provided to interns and reviewed during orientation.
7. Ensuring that interns have sufficient time to respond to any action taken by the program.
8. Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance.
9. Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

Due Process Procedures

The basic meaning of due process is to inform and to provide a framework to respond, act or dispute. When a matter cannot be resolved between the Training Directors and intern or staff, the steps to be taken are listed below.

Grievance Procedure

Grievance procedures may be initiated under the following conditions:

1. When an intern encounters any difficulties or problems (e.g. poor supervision, unavailability of supervisor, evaluations perceived as unfair, workload issues, personality clashes, other staff conflict) during his/her training experiences; or
2. If a training staff member has a specific concern about an intern.

Procedure for filing a grievance

When an intern contends that any disciplinary action (warning, probation, termination) is unfair, or that due process has not been followed, the intern may address the grievance in a variety of avenues. In general, the specific contention should be addressed by following a standard hierarchy. This hierarchy may be altered due to the parties involved.

1. If possible, the grievance should first be addressed through open discussion between the intern and faculty member with the year-long supervisor assisting communication, as needed. The year-long supervisor may be consulted at any time to offer guidance and support but will generally allow the intern to address the issue with the specific faculty member.
2. The intern may also report directly the training directors. Again, the year-long supervisor can offer guidance and support during the process.
3. If a resolution satisfactory to the intern and/or faculty member has not been established, the intern or faculty member may submit the issue to the ITC for review. This grievance should be submitted in writing and should describe the problem and describe previous attempts to deal with it. This written grievance should be submitted to the intern's year-long supervisor and to the Training Directors within two weeks of receiving the disciplinary action. The Training Directors will then put the grievance on the ITC agenda at which time the intern may request to be present during review of the issue. The ITC will investigate the grievance with the supervisor and attempt to gain resolution. If no satisfactory resolution can be reached, the ITC will make a decision regarding the disposition of the grievance.
4. If the intern is dissatisfied with this resolution, the intern may submit a further appeal in writing to a Review Panel (described below) whose ruling will be final.

Notes: The year-long supervisor serves as the advocate for the intern. If this presents a dual role (i.e. the year-long supervisor is the individual with whom a grievance is involved) then another advocate will be assigned by the Training Directors.

Discuss the issue with the intern(s) involved

1. Consult with the Training Directors
2. If the issue is not resolved informally, the staff member may seek resolution of the concern by written request, with all supporting documents, to the Training Directors for a review of the situation. When this occurs, the Training Directors will:
 - a. Within three days of a formal complaint, the Training Directors must consult with the faculty and implement Review Panel procedures as described below.

Review Panel and Process

1. When needed, a review panel will be convened by the Training Directors, with the Training Director for the funding source leading the process. The panel will consist of three internship faculty members, with no prior involvement, reviewing the grievance, selected by the ITC and the intern involved in the dispute. If the issue involves the Training Directors or any member of the ITC, that individual will be recused from selecting the Review Panel. To

minimize conflicts of interests and/or possible retaliation, members of the Review Panel will be chosen from entities separate from the involved faculty member's institution and/or department. The intern has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.

2. Within five (5) work days, a hearing will be conducted in which the challenge is heard and relevant material presented. Within three (3) work days of the completion of the review, the Review Panel submits a written report to the ITC, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.

3. Within three (3) work days of receipt of the recommendation, the ITC will either accept or reject the Review Panel's recommendations. If the ITC rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the ITC may return the matter to the Review Panel for further deliberation and revised recommendations or may make a final decision.

4. If referred back to the panel, they will respond to the ITC within five (5) work days of the receipt of the ITC's request of further deliberation. The ITC then makes a final decision regarding what action is to be taken.

5. The ITC informs the intern, staff members involved and, if necessary, members of the training staff of the decision and any action taken or to be taken.

6. If the intern disputes the ITC's final decision, the intern has the right to contact the Human Resources department of their funding site (e.g., UAB or BVAMC) to discuss this situation.

Training Staff and Leadership

Name	Location	Internship	Post-Doc	Specialties
Heather Austin, Ph.D.; Auburn University	UAB Department of Pediatrics, Adolescent Health Center/Children's of AL	UAB-BVAMC Consortium (child track)	UAB Department of Hematology/Oncology	Adolescent Health and risk reduction, Motivational Interviewing, Chronic Illness, Weight Management, ADHD
Casey B. Azuero, Ph.D., MPH, ABPP; University of Alabama	UAB Spain Rehabilitation Center	UAB-BVAMC Consortium		Rehabilitation Psychology, Spinal Cord Injury (SCI)
Nashedra Barry, Ph.D.; Mississippi State University, School Psychology	Children's of AL	John's Hopkins School of Medicine/Kennedy Krieger Institute, Behavior Management Clinic	John's Hopkins School of Medicine/Kennedy Krieger Institute, Behavior Management Clinic	Assessment and treatment of disruptive behaviors using behavior-analytic principles and parent training; Treatment of challenges associated with neurodevelopmental disorders such as autism spectrum disorder and ADHD; Parent child interaction therapy (PCIT)

Allison Battaglia, Ph.D.; The University of Southern Mississippi, School Psychology	Children's of AL	Center for Autism Spectrum Disorders, Munroe-Meyer Institute, Nebraska Internship Consortium in Professional Psychology	Trueman Fellowship in Autism Treatment, Center for Autism Spectrum Disorders, Big Lots Behavioral Health Services at Nationwide Children's Hospital	ASD/DD, severe/complex behaviors, social skills training, parent training, and pediatric feeding problems
Maggie Canter, PhD; St. John's University	UAB Department of Pediatrics, Children's of AL	Mount Sinai St. Luke's Hospital (now called Mount Sinai Morningside)	ADHD and Disruptive Behavior Disorders fellowship at Child Study Center at Hassenfeld Children's Hospital at NYU Langone Health	ADHD, disruptive behaviors, parent training, child anxiety, PCIT, child trauma
Andrea S. Celka, Ph.D.; Indiana University-- Bloomington	UAB Department of Neurology	UAB/BVAMC Consortium	UAB Department of Neurology	Neurodegenerative diseases, movement disorders, neurovascular diseases
Kaylee Crockett, PhD University of Connecticut	UAB Department of Family and Community Medicine	Medical College of Georgia	UAB Family Medicine	Family and Community Medicine; Research of AIDS, Obesity and Clinical & Translational Science
Karen Cropsey, Psy.D.; Indiana State University	UAB Department of Psychiatry	Virginia Commonwealth University	Forensic Psychology at University of Mississippi Medical Center	Criminal Justice and Substance Abuse, Research
Victor A. Del Bene, Ph.D.; Yeshiva University, Ferkauf Graduate School of Psychology	UAB Department of Neurology	UAB-BVAMC Consortium	Johns Hopkins University School of Medicine- Department of Psychiatry and Behavioral Sciences	Clinical neuropsychology, aging, dementia, Alzheimer's disease, Parkinson's disease, frontotemporal dementia, HIV, epilepsy, presurgical assessments (DBS, epilepsy), research
Kristy Domnanovich, Ph.D.; University of Southern Mississippi	UAB Civitan-Sparks Clinics	UAB-BVAMC Consortium, Child Specialty Track	UAB Civitan-Sparks Clinics	Outpatient evaluation of school- age children experiencing academic, behavioral, or emotional difficulties, evaluation of preschool to school-age children with suspected developmental delays, and developmental evaluation of children (aged 18 months to 3 years) born pre-term with extremely low birth weight.
Laura E. Dreer, Ph.D.; Central Michigan University	UAB Department of Ophthalmology	Duke University Medical Center	Duke University Medical Center (Neuropsychology); UAB (Medical Rehabilitation Psychology)	Clinical research with a variety of medical conditions and populations including traumatic brain injury, vision impairment, injured military and family caregivers
Aaron Fobian, Ph.D.; University of Alabama at Birmingham	UAB Department of Psychiatry	Baylor College of Medicine	Leadership Education in Adolescent Medicine (LEAH) UAB	Clinical research on behavioral health interventions for pediatric health issues such as functional

			Department of Pediatrics	neurological disorders, obesity and sleep.
Adam Gerstenecker, Ph.D.; University of Louisville	UAB Department of Neurology	UAB-BVAMC Consortium	UAB Department of Neurology	Neuropsychology/Neurocognitive Assessment
Merida Grant, Ph.D.; Duke University	UAB Department of Psychiatry	Western Psychiatric Institute and Clinic at Pittsburgh	Western Psychiatric Institute and Clinic at Pittsburgh	UAB Trauma Recovery Center
Melissa J. Greenfield, Psy.D.; The Chicago School at Xavier University	UAB Department of Neurology	UAB-BVAMC Consortium	UAB Department of Psychiatry and Behavioral Neurobiology	functional neurological disorders
Sarah Hill, Psy.D.; Mercer University	UAB Civitan-Sparks Clinics	UAB-BVAMC Consortium, Child Specialty Track	UAB Civitan-Sparks Clinics	Comprehensive diagnostic evaluation of children with known or suspected neurodevelopmental disabilities, such as ASD; social skills groups; Parent-Child Interaction Therapy (PCIT)
John Houser, Ph.D. ; Indiana University	UAB Civitan-Sparks Clinics	Indianapolis Public Schools (School Psychology Internship)	Indiana University School of Medicine	Children with or at risk for neurodevelopmental disabilities, psychoeducational assessment and service provision, and school and community partnerships.
Brittney Jondle, PsyD; Azusa Pacific University	UAB Department of Psychiatry	Lincoln Hills/Cooper Lake Schools; Wisconsin Department of Corrections	Children's Hospital of Los Angeles (CHLA), Division of Adolescent and Young Adult Medicine	Adolescent and young adult populations; co-occurring chronic medical conditions, trauma-informed care, gender affirming care
Amy Knight, Ph.D., ABPP-CN; University of Wisconsin--Madison	UAB Department of Neurology	West Virginia School of Medicine	UAB Department of Neurology	Assessment & Therapy - Stroke, Acquired Brain Injury, MS, Functional Neurological Syndromes
Kristine Lokken, Ph.D.; University of North Dakota	UAB Department of Psychiatry	Rush Presbyterian St. Luke's Medical Center	UAB Center for Psychiatric Medicine	Neuropsychology; Behavioral Medicine; Post-COVID; Prevention and Early Intervention for Cognitive Decline; Women's Health
Roy Martin, Ph.D.; Louisiana State University	UAB Department of Neurology	West Virginia University, School of Medicine	West Virginia University, School of Medicine	Neurologic populations including Alzheimer's disease, Parkinson's disease and epilepsy. Pre and post-operative surgery evaluations with epilepsy and Parkinson's disease populations.
Elizabeth McRae, Ph.D.; University of Alabama at Birmingham	UAB Department of Neurosurgery	UAB-BVAMC Consortium	University of Alabama Autism Spectrum Disorders Clinic	Neurodevelopmental disorders and comorbid medical and psychological problems; parental adjustment
Donna Murdaugh, Ph.D., ABPP-CN;	Children's of AL	Emory University School of Medicine	Emory University School of Medicine,	Neuropsychology, Consult/Liaison with Taking on Life After Cancer Clinic

University of Alabama at Birmingham			Neuropsychology Emphasis	
Cassandra Newsom, Psy.D.; Virginia Consortium	UAB Civitan-Sparks Clinics	Virginia Beach City Public Schools, Neuropsychology Track	Virginia Beach City Public Schools, Neuropsychology Center	Autism Spectrum Disorders (ASD) training team at Civitan-Sparks Clinics
Tiffany Nowell, Ph.D.; St. Louis University	UAB Department of Psychiatry	Stony Brook University	University of California, Santa Cruz	LGBTQ Community, Trauma, Characterological Disorders, Women's Health
Sarah O'Kelley, Ph.D.; University of Alabama	UAB Civitan-Sparks Clinics	UAB-BVAMC Consortium-Child Specialty Track	UAB Civitan-Sparks Clinics	Cognitive and diagnostic evaluations of children with known or suspected neurodevelopmental disabilities, including ASD; individual and family therapy, social skills groups, and school consultation focused on children with ASD.
Kathryn Phillips, Ph.D.; University of Alabama at Birmingham	Children's of Alabama Behavioral Health	Children's Mercy Hospital Kansas City (Pediatric Psychology Track)	Children's of Alabama Pediatric Psychology/C&L	Consultation/liaison , pain and functional disorders
Christina Pierpaoli Parker, PhD; University of Alabama	UAB Department of Psychiatry	UAB-BVAMC Consortium	UAB Department of Psychiatry	Integrative Primary Care
Rebecca Rampe, PsyD; Georgia School of Professional Psychology	UAB Department of Psychiatry	The College of William and Mary		Developmental trauma and traumatic grief
Arista Rayfield, Ph.D.; University of Florida	Children's of AL	Medical College of Georgia, Department of Veteran Affairs Medical Center, Walton Rehabilitation Hospital Internship Consortium	University of Florida, Department of Psychiatry (Pediatric Psychology)	Inpatient psychological assessment for children and adolescents; outpatient assessment and treatment for children/adolescents; PCIT Within Agency Trainer
Ashley Reno, Psy.D., ABPP-CN; Wright State University	UAB Department of Psychiatry	Central Arkansas Veterans Healthcare System (Neuropsychology Track)	University of Virginia Health / School of Medicine	Adult clinical neuropsychology, general neuropsychology, various neurologic and medical populations
Nina Reynolds, Ph.D.; University of Alabama at Birmingham	Children's of AL	Cincinnati Children's Hospital Medical Center, Department of Behavioral Medicine and Clinical Psychology	UAB, Department of Pediatrics	Children and adolescents
Sarah Ryan, Ph.D., University of Alabama	UAB Civitan-Sparks Clinics	UAB-BVAMC Consortium, Child Specialty Track		Neurodevelopmental disabilities/Autism
Kristen Smith, Ph.D.; Georgia State University	Children's of AL	UAB-BVAMC Consortium	Birmingham VAMC (clinical neuropsychology)	Neuropsychological evaluation of children with epilepsy, concussion/traumatic brain injury, and other neurological conditions. Provides CBT-based therapy to children and families

Alison R. Thomas, Ph.D.; Suffolk University	UAB Department of Psychiatry	UAB-BVAMC Consortium		Serious and persistent mental illness, early phase psychosis identification and treatment, inpatient neuropsychological assessment
Justin Thomas, Ph.D.; University of Alabama	UAB Department of Psychiatry	University of Florida	UAB research fellowship in sleep and hypertension	80% research/20% clinical; Director of UAB BSM Training Program (treat a variety of patients with sleep disorders)
Matthew Thompson, Psy.D., ABPP-CN; Nova Southeastern University	Children's of AL	University of Oklahoma Health Sciences Center	University of Oklahoma Health Sciences Center	Neuropsychological assessment of children with TBI, epilepsy, and other neurological conditions

Generalist Track Training Information

Internship Positions

Internship slots are funded by UAB Medicine, the 8th largest medical center in the nation. There are three adult-track positions, funded by the Department of Psychiatry and Behavioral Neurobiology, of which one is generalist focused.

Generalist Track

This adult track emphasizes the provision of quality clinical training under faculty supervision to ensure solid foundational skills to increase interns' ability to provide competent and flexible services to a general outpatient population. Available major rotations are predominantly intervention focused but also include assessment opportunities (primarily neuropsychological evaluation). Intervention options span several theoretical orientations (e.g., psychodynamic, second wave CBT, third wave CBT), types of interventions (e.g., manualized ESTs, process oriented individual therapy), settings (e.g., inpatient psychiatry, outpatient, community mental health, integrated primary care), and populations (e.g., geriatric, child and adolescent, underserved, early phase psychosis). There may also be opportunities to gain supervision experience and for program development, depending on supervisor availability and intern interest. Though generalist training is encouraged, interns may, if desired, specialize with a specific population. For example, interns may gain experience treating patients with childhood and other non-military PTSD through a year-long minor rotation (1 day per week) with UAB Department of Psychiatry's Trauma and Related Disorders Clinic. In addition, both focused trauma intervention and trauma-informed care is provided across the outpatient services in the Department of Psychiatry (e.g., general outpatient, community mental health).

Program Structure

The internship consists of two six-month rotation periods, typically consisting of one major and one minor rotation experience. A major rotation typically consists of two and a half days per week whereas a minor rotation is one and a half days per week. It is also possible to engage in three minor rotations (rather than a major and a minor); however, such schedules are given careful consideration prior to approval. One day per week is allocated for didactics, a required ADHD evaluation rotation, and other duties. Interns should plan to complete all major rotations within their funding site of the Department of Psychiatry. Minor rotations are available through any training site within UAB or Children's Hospital of Alabama.

Generalist Rotation Schedule

Interns are assigned a clinical psychology focused year-long supervisor from their funding site. Year-long supervisors are matched based on interest and track. Along with them, interns attend

a two-day orientation where they learn about available training experiences. Rotation supervisors attend orientation in conjunction with their institution or department colleagues to discuss their rotation. On the second day of orientation, the year long supervisor assists with planning rotation schedules, considering gaps in previous training, goals for internship year, and future career goals. While it is expected that interns will schedule their training experiences during orientation, the intern has the option to propose a change to their rotations at a future date. Changes will be made in consultation with the year-long supervisor and training directors. An example of an interns schedule is as follows:

	1st rotation	2nd rotation
Major	Trauma Clinic	Sleep Medicine
Minor	Community Mental Health	LGBTQ Clinic

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	ADHD	Sleep Medicine	LGBTQ	Sleep Medicine	LGBTQ
PM	Didactics	Sleep Medicine	LGBTQ	Sleep Medicine	Sleep Medicine

Optional Didactics:

In addition to the required weekly didactic seminar, there are numerous additional didactic opportunities available throughout the medical center that interested interns may attend, pending approval by their rotation supervisors.

As an academic medical center, UAB hosts many opportunities including Geriatrics, Gerontology, and Palliative Care Conference; Psychiatry Grand Rounds, Neurology Grand Rounds, Physical Medicine and Rehabilitation Grand Rounds, Neuroimaging Journal Club, Brain Cuttings, Adolescent Medicine Seminars and Online Curriculum, Pediatric Grand Rounds, Child and Adolescent Psychiatry Grand Rounds, and Neurosciences seminar at UAB, among others. UAB and Children's of Alabama also host an Epilepsy Case conference.

Other Training

Intern Research Seminar

This research requirement involves a 30-minute presentation given by each intern to peers as well as at least four training faculty members. Research presentations may consist of the intern's original research or a clinical case conference focused on published peer-reviewed

research that illuminates a complex case or disorder. Research presentations may occur in a variety of settings, such as neuropsychology didactics, with the LEND program, or during the weekly didactic seminar.

Research, Administrative or Program Development Time

Interns may receive up to 4 hours per week of protected research, administrative or program development time with approval. The specifics to this training opportunity should first be discussed with year-long supervisor, who will then present the proposal of the 4 hours to the Internship Training Committee. Interns interested in engaging with research are encouraged to identify research mentors from among the internship faculty. Many clinical supervisors (listed above) also have active research programs, and interns may discuss options with them. Several additional faculty members also have active research programs in which interns may become involved: Research in Treatment of Substance Abuse/Psychedelics with Peter Hendricks, Ph.D., Research on Stroke and Traumatic Brain Injury with Fedora Biney, PhD; Research in Substance Abuse with Karen Cropsey, Psy.D.; Research in Suicide Prevention with Jennifer Lockman, PhD; Research on Circadian Disorders with Karen Gamble, PhD; and Research on Pain, Sleep and Health Disparities with Alec Owens, Ph.D. Other opportunities are available based on intern interest. Please note, this is not dissertation release time.

Generalist Focused Rotations

UAB Department of Psychiatry and Behavioral Neurobiology

1. ADHD Clinic: Diagnostic & Treatment

Preceptor: Ashley Hanson, Ph.D.

Rotation Type: Minor (.5 days) required year long

Required Day: Monday mornings for evaluation, other time can be negotiated

Patient Characteristics: Patient population includes individuals primarily over the age of 18, though sometimes younger, seen on an outpatient basis only. Common diagnostic referrals include ADHD vs psychological manifestation with the occasional psychodiagnostic or medical comorbidity.

Assessment Characteristics: This clinic is primarily psychodiagnostic in nature, aiming to help diagnose and clarify concerns regarding behaviors, mood, and emotional functioning; cognitive testing is not a component to these evaluations. Interns will participate and eventually lead a thorough psychodiagnostic interview inclusive of educational, occupational and social histories. Medical history will be reviewed in depth and self-report measures of ADHD and executive functioning will be interpreted. The intern will also provide feedback to the patient regarding whether they do or do not meet diagnostic criteria for ADHD alone with tailored recommendations.

Intervention Characteristics: When intervention is offered it usually consists of individual therapy with an emphasis on behavioral and cognitive orientations and techniques. Group therapy can also be offered for the interested intern. Interns are not expected to assume a leading role in intervention, unless they request to do so.

Goals of Rotation: The goal of this rotation is to train interns to rapidly, though thoroughly, assess ADHD in young adult and adults often presenting with emotional and/or medical comorbidities. Training and supervision will follow a graduated approach, increasing responsibilities as appropriate for each intern's level of competency.

2. THRIVE Suicide Recovery Clinic & Research Lab

Preceptor: Jennifer Lockman, Ph.D.

Rotation Type: Minor (1.5 days) 1 year preferred, 6 months feasible

Required Days: Wednesdays (in person) and Fridays (virtual)

Rotation Description: THRIVE (Toward Hope, Recovery, Interpersonal Connection, Value-based Living, and Engagement) is a short, evidence-informed approach to maximizing treatment engagement and recovery for persons with lived experiences with suicide (e.g., ideation, attempts) during care transitions. Suicide rates are increasing in the United States, and are now the second leading cause of death for youth (10 to 24), and the 11th leading cause of death for adults (CDC, 2023). In the THRIVE Clinic, students will participate in 8 hours of initial interactive instruction, participate in 1 Standardized Patient Actor Experience to practice THRIVE skills, and shadow Dr. Lockman or an experienced student on THRIVE cases to gain experience before seeing patients while supervised. Students will learn how to: 1) Complete a comprehensive suicide risk assessment using the C-SSRS and other clinical measures; 2) Assess Pt's engagement/readiness for different types of suicide-specific interventions; 3) Help patients "Narrate the Story" of the Suicide Crisis; 4) Help Patients "Narrate the Story" of their lives (with attention to multicultural identity and life goals), 5) Help Patients develop a tailored Stanley Brown Safety Plan; 6) Help Patients develop and work toward a Meaningful Living Plan that focuses on increasing belonging and increasing giving to others (through unique talents/skills).

Other Opportunities: Students also have opportunities to learn suicide-specific psychotherapies including Brief Cognitive Behavioral Therapy for Suicide Prevention (BCBT), Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP), Attempted Suicide Short Intervention Program (ASSIP), Teachable Moment Brief Intervention (TMBI), Collaborative Assessment and Management of Suicide Risk (CAMS), and Dialectical Behavioral Therapy (DBT). Students will have the opportunity to co-lead DBT skills groups. Where appropriate and desired by patients, we also serve as social justice advocates (Deblaere et al., 2019), which is a unique role for psychologists-in-training to learn.

Research: Dr. Lockman is a Counseling psychologist and Suicidologist. Her active research program (ongoing NIMH/AFSP sponsored clinical trials) and clinic focus on understanding processes and mechanisms of suicide recovery, including how to clinically facilitate safety, recovery, and growth through collaborative alliances with suicidal persons. Students interested in research are also able to contribute.

3. Outpatient Intervention for Serious Mental Illness

Preceptor: Alison Thomas, Ph.D.

Rotation Offered: Minor or major rotation; 6 month-1 year commitment.

Required day: Tuesday morning for FEP work; other rotation time can be determined based on other rotation requirements

Population Served: The Community Psychiatry Program (CPP), UAB's Community Mental Health Center, primarily serves individuals with serious mental illness diagnoses at a range of levels of functioning. CPP also serves non-SMI individuals with Medicaid who are typically from underserved and oppressed backgrounds. The First Episode psychosis Clinic (FEC) runs Tuesday mornings from 8-11 am. This clinic solely serves individuals, from a variety of backgrounds, experiencing early phase psychosis and their families. The Psychotic Disorders Clinic runs Monday afternoons from 1-4 pm. This clinic solely serves individuals who experience SMI (typically psychotic disorders) who are beyond their first episode and generally do not require extensive community support to function to their desired level.

Duties: The primary duty on this rotation is intervention. There is also an opportunity for some consultation within the FEC and PDC as the intern will attend the monthly team meeting and is expected to coordinate closely with the psychiatrists. As the population served varies greatly in age and level of functioning, interventions also vary greatly. For the most part, intervention is broadly CBT-based with specific grounding in Acceptance and Commitment Therapy. In addition to goal-based process-oriented psychotherapy, treatments may include behavioral interventions, psychoeducation, and manual-based intervention. There may also be opportunities for program development, primarily focused on group therapy. In addition to individual psychotherapy, there is also opportunity for group therapy in CPP's day programs and working with families to better support their loved ones with SMI. Depending on graduate student rotations, there may also be opportunity for supervision experience. If interested, interns may also dedicate rotation time to program development.

Expected Learning: This rotation will challenge intervention skills on several levels. The SMI population often requires clinicians to work at a slower pace with highly individualized markers of progress. Interns can also expect to work closely with families. One of the most rewarding (and at times challenging) aspects of this work is the personal growth many clinicians experience around working with clients with a wide range of unchangeable barriers. Interns can also expect to develop an explicit focus on both common factors (e.g., the importance of the therapeutic alliance) and a large dose of principles of Acceptance and Commitment Therapy. This rotation has the option for both in-person and telehealth, depending on intern and patient preferences/needs.

4. Developmental Trauma and Traumatic Grief

Preceptor: Rebecca Rampe, PsyD

Rotation Type: Minor (1/2 day for 12-month minimum commitment or 1 full day for 6-month commitment)

Rotation Description: This clinic incorporates two models that often overlap for our patients. The developmental trauma aspect of this clinic is informed by the work of the Neurosequential Model of Therapeutics (NMT) by Dr. Bruce Perry. The Neurosequential Model of Therapeutics is a trauma-informed, developmentally-sensitive, approach to the clinical

problem solving process. It is an integrative therapeutic framework for guiding the application of existing interventions according to the individual's needs. In clinic, we offer patients the option of engaging with the NMT measure to inform their psychotherapy and general mental health. The traumatic grief aspect of the clinic is informed by the Compassionate Bereavement Care (CBC) framework by Dr. Joanne Cacciatore. This framework emphasizes numerous areas including grief education, emotion and body focused work with patients, and attunement and egalitarianism from the provider. We support adults in coping with their painful emotions and trauma recognizing grief as a normal reaction to an abnormal tragedy promoting integration of the loss. Psychotherapy is based in neurodevelopmental principles from the NMT. Psychotherapy models include: Somatic Experiencing, Compassion-Focused Therapy, Judy Herman/Janina Fisher Trauma stabilization model, Emotion-Focused therapy, ATTEND model of grief, and mindfulness approaches. The clinic emphasizes the importance of the therapeutic relationship utilizing interpersonal process work to deepen this connection. Measurement-based care is used at different points in the clinic for quality assurance and treatment purposes. Currently both the intervention and supervision are provided by telehealth/Zoom until further notice. Subsequently, both treatment and supervision will be provided at Sparks Clinic in the Department of Psychiatry at UAB.

5. LGBTQ Health and Wellness Clinic, Sparks Ambulatory Psychotherapy Rotation

Preceptor: Tiffany Nowell, Ph.D.

Rotation Offering: Available as a minor (a major may be possible depending on interests), 6 month minimum commitment, optional involvement in EMLALA Clinic at Children's Hospital (Gender Clinic serving kids and adolescents with gender identity concerns and gender dysphoria)

Rotation Description: This psychotherapy rotation consists of providing individual, couples, and/or family therapy services for patients seeking services with UAB's department of psychiatry. Emphasis is placed on patients within the LGBTQIA community seeking mental health treatment but will also serve the general population. Interns will gain experience composing letters of support for transitioning patients based on WPATH guidelines. The primary modes of therapeutic intervention can vary depending on the intern's training goals (and presenting concern of the patient) but could consist of ACT, CBT, Interpersonal, Relational, Existential, and Psychodynamic Psychotherapies. Interns will receive a minimum of one hour of supervision per week yet expectations may vary depending on the number of patients being treated. Interns will be expected to engage in readings/trainings on multicultural competency throughout the rotation/training experience. Individual and group psychotherapy sessions are being conducted via clinical video telehealth or Face-to-Face appointments. Method of patient appointments (i.e., virtual or in-person) will be dependent on patient needs. Hybrid models are possible.

6. Trauma Related Disorders Clinic

Preceptor: Merida Grant, PhD

Rotation Type: Minor (1.5 days), 6 month minimum commitment

Rotation Description: The focus of this clinic is on the needs of adult patients with a history of either childhood trauma [physical, sexual or emotional abuse and neglect] or non-military related, adult onset trauma. Interventions employed include evidenced based, manualized therapies, with a primary focus on addressing persistent mood disorders, PTSD, guilt and shame and includes cognitive and behavioral interventions, with a primary focus on Cognitive Processing Therapy [CPT]. Though these interventions have demonstrated efficacy in mood and adult trauma related disorder, the focus of this clinic is to extend these findings to adults with a history of early life trauma with regard to both clinical and research outcomes. Currently both the intervention and supervision are provided by telehealth/Zoom until further notice. Subsequently, both treatment and supervision will be provided at Sparks Clinic in the Department of Psychiatry at UAB.

7. UAB Mindfulness, Meaning, and Self-Compassion Esketamine-Assisted Psychotherapy (MMSC) Clinic

Preceptor: Rebecca Rampe, Psy.D.

Rotation Type: Minor (1/2 day 6-month commitment)

Rotation Description: The MMSC training clinic experience is intended to develop knowledge and competency required for the practice of clinical psychology with a focus on building skills in mindfulness, meaning-making, and mindful self-compassion modalities within a semi-structured manualized approach of esketamine-assisted psychotherapy. Pxs are seen on telemedicine platform and are in the esketamine clinic at UAB with a history of treatment resistant depression. We offer weekly individual psychotherapy for 10-12 weeks that focuses on dosing experiences of non-ordinary states of consciousness and teaching skills in the above areas. Psychotherapy models include: Somatic Experiencing, Compassion-Focused Therapy, Mindfulness, Meaning-Making, Emotion-focused therapy, and Mindful Self-Compassion. The clinic emphasizes the importance of the therapeutic relationship utilizing interpersonal process work to deepen this connection. Measurement-based care is used at different points in the clinic for quality assurance and treatment purposes. Currently both the intervention and supervision are provided by telehealth/Zoom until further notice. Subsequently, both treatment and supervision will be provided at Sparks Clinic in the Department of Psychiatry at UAB.

8. Adolescent Mental Health Evaluation Service

Preceptor: Brittany Jondle, PsyD

Rotation type: Minor (1.5 days)

Required times: Tuesday and/or Thursday mornings (8:30am-12pm), additional time needed for report writing (note 24 hour turn around for reports), in-vivo supervision and discussion after testing completed

Rotation Description: Interns will gain experience with adolescent psychological testing and diagnostic evaluation skills for patients ages 12-18 that are admitted to the adolescent inpatient psychiatry unit at UAB. These patients often need evaluations for placement and

treatment recommendations following their inpatient stays. Interns will also assist in program development of a DBT-informed group therapy for the adolescent patients during their stay.

Goals of Rotation: Interns will learn how to effectively assess and write up psychological and psychodiagnostic evaluations for adolescents placed on a psychiatric inpatient unit. Become proficient in the K-SADS-PL and other assessments to inform psychiatric diagnoses and provide recommendations for discharge. Evaluations are in person and writing reports can be done remotely.

9. Psychotherapy Rapid Intake Team (PRIT)

Preceptor: Kristine Lokken, PhD. Brittany Jondle PhD & Tiffany Nowell, PhD

Rotation Offered: Minor (1.5 days) or possibly as a major rotation with permission

Required day: Monday, Wednesday, Thursday with some flexibility

Population Served: This clinic oversees all initial therapy referrals to UAB's Department of Psychiatry, except for individuals directly referred to specialty providers. The population includes children and adolescents (depending on supervisor availability), general adult, and geriatric patients.

Clinical Duties: The primary duty on this rotation is rapid assessment and disposition planning. There is also opportunity for risk management (maintaining current safety while waiting for therapy intake) and short-term intervention. Each appointment is 60 min with the expectation of an appropriate disposition plan at the end of the appointment.

Expected Learning: This rotation will challenge rapid assessment and interviewing skills. In addition, interns will learn about the therapy related nuances of the local mental health system and, more specifically, those of an academic medical center. Moreover, this increased knowledge will be delivered, compassionately to individuals whose only concern is their own welfare, challenging interns to develop the ability to meet patient needs while also being acutely aware of systemic limitations. This rotation has the option for both in-person and telehealth, depending on intern and patient preferences/needs.

UAB Spain Rehabilitation Center (Department of Physical Medicine and Rehabilitation)

1. Rehabilitation Psychology- Spinal Cord Injury, Inpatient

Preceptor: Casey Azuero, Ph.D., MPH, ABPP-RP

Rotation Offering: Minor, (Staffing on Tuesdays), in-person inpatient and telehealth outpatient

Patient Characteristics: Inpatient case load is almost exclusively acute onset spinal cord injury with some related conditions: transverse myelitis, anterior artery syndromes, spina bifida etc. This is a predominantly young male population, disproportionately African American based on community epidemiology. Causes of spinal cord injury are typically motor vehicle crashes, falls, and violence. Pre-existing conditions such as substance use and concomitant complications such as chronic pain and cognitive dysfunction/limitations can compound the coping/adjustment process.

Distribution of Clinical Activities: The student will spend approximately 50% of the time in inpatient evaluation, 25% in consultation with members of the interdisciplinary treatment team and 25% in treatment interventions and report writing. The student will also participate in supervision and inpatient rounds.

Assessment Characteristics: Students will learn to employ both neurocognitive and emotional status screening to evaluate inpatients with various medical conditions. A thorough pre and post injury psychosocial history is the primary assessment tool supplemented by cognitive screening, pain assessment measures, and, at times, personality measures as needed. Assessments using either cognitive screening measures or more comprehensive neuropsychological techniques are employed depending on the ability level of the patient.

Intervention Characteristics: Adjustment disorders and acute stress reactions/post-traumatic stress disorder are the focus of clinical intervention on the inpatient service. Brief interventions may involve supportive contact, education, psychotherapy (individual and/or family), stress management (relaxation training, cognitive behavioural techniques), other behavioural interventions and/or crisis intervention. Collaboration with treatment team members is integral to this service. A wide range of treatment models are utilized, but the primary orientation is cognitive-behavioral. Opportunities for evidence-based psychotherapy in the general hospital setting, including CPT, PE, CBT-D, and CBT-I. Sex education/counseling, substance use education/counseling (including motivational interviewing), and other pro-social health behavior education/counseling is sometimes needed. Family education and family therapy are often needed as well. A psycho-educational approach is often used to initiate therapeutic involvement. Opportunities to lead group psycho-education classes are also available on Mondays.

2. Rehabilitation Psychology- Medical/Trauma Inpatient, CPR Outpatient

Preceptor: Megan McMurray Hays, Ph.D., ABPP-RP

Rotation Offering: Minor, (Staffing on Wednesdays), Inpatient SRC in-person inpatient and telehealth outpatient

Patient Characteristics: Patients on this service encompass a wide range of medical trauma, including fractures, burn, crush, amputations, and other major trauma without severe head injury, although mild TBI and post-operative confusion are common. Medical patients are also seen with peripheral weakness from infectious diseases, autoimmune disorder, cancer, cardiopulmonary, and post-surgical debility. Among older people there is an increased risk for delirium and sometimes dementia. Age range is from the 20's to geriatric cases. Behavioral health services are provided to outpatients in Cardiopulmonary Rehabilitation in groups as well as consult-based individual health and behavior interventions.

Distribution of Clinical Activities: The student will spend approximately 50% of the time in inpatient evaluation, 25% in consultation with members of the interdisciplinary treatment team and 25% in treatment interventions and report writing. The student will also participate in supervision and inpatient rounds.

Assessment Characteristics: Students will learn to employ both neurocognitive and emotional status screening to evaluate inpatients with various medical conditions. A thorough pre and post injury psychosocial history is the primary assessment tool supplemented by cognitive screening, pain assessment measures, and, at times, personality measures as needed. Assessments using either cognitive screening measures or more comprehensive neuropsychological techniques are employed depending on the ability level of the patient.

Intervention Characteristics: Adjustment disorders and acute stress reactions are the focus of clinical intervention on the inpatient service. Brief interventions may involve supportive contact, education, psychotherapy (individual and/or family), stress management (relaxation training, cognitive behavioural techniques), other behavioural interventions and/or crisis intervention. Collaboration with treatment team members is integral to this service. A wide range of treatment models are utilized, but the primary orientation is cognitive-behavioural. Opportunities for evidence-based psychotherapy in the general hospital setting, including CPT, PE, CBT-D, and CBT-I. Sex education/counselling is sometimes needed. Family education and family therapy are often needed as well. A psycho-educational approach is often used to initiate therapeutic involvement. Opportunities to lead group psycho-education classes are also available.

Children's Hospital of Alabama Rotations

1. Adolescent Health Center, UAB Department of Peds, Adolescent Med/ Children's of AL

Preceptor: Heather Austin, Ph.D.

Rotation Offered: Minor

Setting/Clinical Activities: Interns have the opportunity to participate in a variety of integrated health settings within the Division of Adolescent Medicine where adolescents are treated for general concerns, chronic illness (HIV), substance use, and our Leadership Education in Adolescent Health Clinic for adolescents with multiple needs who are seen primarily by trainees in the core disciplines of medicine, psychology, nursing, nutrition and social work. Trainees and faculty supervisors work jointly to improve the health and well-being of adolescent patients and work with them and their caregivers to help them achieve optimal overall functioning. Interns will be exposed to an adolescent population with issues which place them at high risk (e.g. medical adherence, substance use, academic failure, various psychosocial needs). Opportunities will be available for interns to conduct initial clinical interviews, assist with managing resources, provide brief therapy, and participate in available educational experiences related to this population. Services are a mix of telehealth and face-to-face with social distancing. Masks are required for staff, trainees, and patients.

2. Autism Spectrum Disorders Clinic, Civitan-Sparks Clinics

Preceptors: Sarah O'Kelley, Ph.D., Sarah Ryan, Ph.D., Cassandra Newsom, Psy.D., Brandi Ellis, Ph.D., Sarah Hill, Psy.D.

Rotation Offered: Minor

Setting: The Civitan-Sparks Clinics' Autism Spectrum Disorders Clinic is a diagnostic clinic serving individuals ranging from one to sixteen years of age. This clinic is one of the few of its kind in the state of Alabama; thus, children with a suspected Autism Spectrum Disorder are referred from across the state and the surrounding states by pediatricians, neurologists, psychologists, educators, and families. These evaluations are typically conducted as part of an interdisciplinary team involving Developmental/Behavioral Pediatrics and Speech-Language Pathology, at a minimum.

Clinical Activities: The diagnostic assessment battery for the ASD clinics include some combination of the following measures: the Autism Diagnostic Interview-Revised (ADI-R), the Autism Diagnostic Observation Schedule- Second Edition (ADOS-2), Childhood Autism Rating Scale, Second Edition (CARS2), and the Social Responsiveness Scale- Second Edition (SRS-2), as appropriate. In addition, cognitive/developmental measures may also be included. Interns will develop a familiarity with and competency in the administration of the assessment tools used in the diagnosis and rule-out of ASD. In addition, they will develop knowledge of the diagnostic criteria for Autism Spectrum Disorder and an understanding of the range of clinical presentations of ASD. Interns will have the opportunity to participate in family feedback sessions as part of both clinics.

There are a number of intervention opportunities available through the ASD Clinic rotation as well. These intervention services include individual and family-based programming that are evidence-based and utilize the principles of behavioral interventions, a developmental perspective, and visual structures and support. All interventions emphasize increasing independence, communication, social interaction, and community participation. Group-based intervention opportunities are often available as well, including therapist and/or social coaching positions in the Program for the Education and Enrichment of Relational Skills (PEERS®) with teens and young adults with ASD/DD. School consultation and/or community-based presentations related to ASD may also be available. Interested interns are invited to participate in these intervention opportunities as a co-therapist with their supervisor or individually, depending on their level of comfort and experience. Clinical services are currently primarily face-to-face care with precautions of social distancing and masks for patients and staff, with some telehealth opportunities.

3. Inpatient Psychiatric Consultation Service, Children's of AL

Preceptor: Arista Rayfield, Ph.D.

Rotation Offered: Elective Minor

Setting/Clinical Activities: Rotation consists of training in inpatient psychiatric evaluations with children and adolescents. Will use objective and projective personality measures as well as intellectual and academic screening to assist in differential diagnosis and treatment planning for acute inpatient psychiatry patients. Opportunities to collaborate in an interdisciplinary setting with master's prepared therapists, occupational therapists, social work, nursing and psychiatrists. Common presenting concerns include: Intellectual Disability, Autism, Bipolar and Related mood disorders, psychosis, Personality Disorders, Post Traumatic Stress Disorder.

Clinic is conducted Monday all day and Thursday mornings at Children's of Alabama 1600 7th Avenue South location. Clinical services are currently face-to-face care with precautions of social distancing and masks for patients and staff.

4. Outpatient Psychology Clinic, Children's of AL

Preceptor: Allison Battaglia, Ph.D.

Rotation Offered: Minor

Setting: Children's of Alabama in the Children's Behavioral Health Department at Patriot Park location

Clinical Activities: Rotation consists of training in evidence-based psychological interventions for children, adolescents, and their families with neurodevelopmental disabilities (e.g., ASD, ID, ADHD). Interventions are primarily based on behavior-analytic and/or cognitive-behavioral principles provided through individual therapy and/or parent training. Common referral concerns include mild-to-moderate behavioral difficulties, emotion dysregulation, social skills training, and deficits in adaptive skills. Opportunities for leading or co-leading group parent training and/or group skills training (e.g., social skills, emotion regulation) may available. Opportunities for individual therapy for anxiety, depression, and trauma as well as conducting outpatient psychological evaluations under the supervision of the psychologist may also be available. Supervision will be provided with a focus on developmentally increasing the trainee's independence implementing outpatient psychological services. Clinical services are currently face-to-face care with precautions of social distancing and masks for patients and staff.

5. Parent Child Interaction Therapy (PCIT) Clinic, Children's of AL

Preceptor: Arista Rayfield, Ph.D., PCIT Within Agency Trainer

Rotation Offered: Minor

Setting/Clinical Activities: Rotation consists of training in Parent Child Interaction Therapy, a manualized empirically validated treatment of a wide range of emotional and behavioral problems in preschool children. PCIT focuses on ongoing assessment driven treatment, in session coaching of parenting skills, and emphasizes high treatment fidelity. Training will include didactic training and providing PCIT to clients typically via co-therapy with supervisor. Clinic is conducted Wednesdays at the Patriot Park location of Children's of Alabama (200 Wildwood Parkway, Homewood, AL 35209). Intern may spend all day Wednesday or a half day in the morning or afternoon. Clinical services are currently face-to-face care with precautions of social distancing and masks for patients and staff.

6. Psychoeducational Clinic (PEC), Civitan-Sparks Clinics

Preceptors: Kristy Domnanovich, Ph.D., and John Houser, Ph.D.

Rotation Offered: Minor

Setting: This clinic provides interdisciplinary evaluation of school-age children who are experiencing academic problems and are suspected of having a specific learning disability (e.g., reading, written expression) or a processing deficit (e.g., phonological processing).

Clinical Activities: Evaluation of cognitive functioning, academic skills, and other specific skills are conducted in a format compatible with school-based evaluations. In addition to the measures of cognitive, adaptive, and social-behavioral functioning included in Child Development Clinic, this clinic typically includes measures of academic functioning (e.g., current editions of the Woodcock-Johnson Tests of Achievement, Wechsler Individual Achievement Test). Self-report behavioral emotional raters may also be included as needed. PEC is an interdisciplinary clinic whose team consists of Psychology, Speech/Language Pathology, Occupational Therapy, Audiology, Developmental/Behavioral Pediatrics, and other disciplines as necessary. There is a strong focus on educating parents regarding their child's strengths and weaknesses, legal/procedural aspects of special education and Section 504, how to advocate for their children with the school system, and what to look for in an effective Individualized Education Program (IEP). Reports from this clinic include comprehensive recommendations to schools. School visits for IEP development and follow-up services may be provided. Clinical services are currently primarily face-to-face care with precautions of masks for parents, patients and staff, with some telehealth opportunities.

7. Psychology Clinic, Civitan-Sparks Clinics

Preceptor: All Civitan-Sparks Faculty

Rotation Offered: minor

Setting: The Psychology Clinic provides outpatient psychological interventions to children, adolescents, and their families. Treatment approaches are evidence-based, primarily behavioral and cognitive-behavioral, but may also include interpersonal and systems approaches. Referrals come from many sources, including our clinics and the pediatric practice housed at Civitan-Sparks Clinics. Live supervision and review of audio/videotaped sessions is encouraged. Most supervision is individual and conducted weekly.

Clinical Activities: Child specialty interns are expected to maintain an active therapy caseload of approximately five patients throughout the training year. This should include at least two patients or intervention activities (e.g., social skills group) with children at the Civitan-Sparks Clinics and may include child and/or adult patients supervised by other Internship faculty. Clinical services are currently a mix of telehealth and face-to-face care with precautions of social distancing and masks for patients and staff.

Adult UAB Internship Rotations

Location	Rotation	Track
Psychiatry	ADHD Clinic: Diagnostic & Treatment	Generalist
Psychiatry	THRIVE Suicide Recovery Clinic & Research Lab	Generalist
Psychiatry	Outpatient Intervention for SMI	Generalist
Psychiatry	Developmental Trauma & Traumatic Grief	Generalist
Psychiatry	LGBTQ Health & Wellness Clinic, Sparks Ambulatory Psychotherapy Rotation	Generalist
Psychiatry	Trauma Related Disorders Clinic	Generalist
Psychiatry	UAB Mindfulness, Meaning & Self Compassion Esketamine-Assisted Psychotherapy Clinic	Generalist
Psychiatry	Adolescent Mental Health Evaluation Service	Generalist
Psychiatry	Psychotherapy Rapid Intake Team (PRIT)	Generalist
Psychiatry	Integrated Behavioral Medicine Service (iBeMs)	Behavioral Health
Psychiatry	Functional Neurological Disorders (FND) Clinic	Behavioral Health
Psychiatry	Medical/Surgical Behavioral Medicine Clinic	Behavioral Health
Psychiatry	Pre-Surgical Clinic; Bariatric & Spinal Cord Stimulator	Behavioral Health
Psychiatry	Brain Health Clinic	Behavioral Health/ Neuropsychology
Psychiatry	Post-COVID Clinic	Behavioral Health/ Neuropsychology
Psychiatry	Transplant Clinic	Behavioral Health
Psychiatry	General Neuropsychology: Medically Complex	Neuropsychology
Psychiatry	General Neuropsychology: Stroke/TBI Emphasis	Neuropsychology
Psychiatry	General Neuropsychology: UAB Athletics Emphasis	Neuropsychology
Psychiatry	Medical/Autoimmune Neuropsychology Rotation	Neuropsychology
Psychiatry	Medical/Surgical Neuropsychology Clinic	Neuropsychology
Psychiatry	Inpatient Neuropsychology Rotation	Neuropsychology
Neurology	Stroke, Alzheimer's Disease & Deep Brain Stimulation for Movement Disorders	Neuropsychology
Neurology	Pre-Neurosurgical Epilepsy and Deep Brain Stimulation for Movement Disorders	Neuropsychology
Neurology	Differential Diagnosis of Neurodegenerative Disorders Associated with Aging	Neuropsychology
SRC	Rehabilitation Psychology- Spinal Cord Injury	Behavioral Health/ Generalist
SRC	Rehabilitation Psychology- Medical/Trauma Inpatient & CPR Outpatient	Behavioral Health/ Generalist
SRC	Rehabilitation Psychology- Neurotrauma TBI & Stroke	Neuropsychology
SRC	Adult Neuropsychology: Acquired Brain Injury, Post-Concussive, Post-Stroke, Capacity to Drive, TBI follow-up	Neuropsychology

Neuropsychology Track Training Information

Internship Positions

Internship slots are funded by UAB Medicine, the 8th largest medical center in the nation. There are three adult-track positions, funded by the Department of Psychiatry and Behavioral Neurobiology, of which one is neuropsychology focused.

Neuropsychology Track

Interns desiring eventual board certification in clinical neuropsychology will easily meet the requirement for 50% neuropsychology training, through UAB, with most achieving close to 90% neuropsychology focus. Major rotations (described in detail below) at UAB Psychiatry occur primarily as outpatients but with some involvement on inpatients units to provide interns with individualized experiences in assessment administration, scoring, report writing, interviewing and feedback. There are also opportunities for comprehensive treatment planning which often includes tailored, actionable recommendations that can incorporate short-term behavioral and cognitive behavioral interventions offered within the department. Through these rotations, interns will gain experience with a wide variety of neurological populations often with comorbid complex medical and/or psychiatric histories. A minor rotation in the Department of Neurology offers outpatient evaluations with a variety of neurologic conditions, including dementia, stroke, movement disorders, pre-DBS and pre-epilepsy surgery evaluations, brain tumor evaluations, and Wada testing. The Neurology rotation also offers training in a rapid access model for stroke and amyloid positive Alzheimer's disease referrals for disease modifying treatments. Additionally, experience with inpatient and outpatient TBI/Acquired Brain Injury and stroke services are another minor rotation within the Department of Physical Medicine and Rehabilitation; multidisciplinary teamwork is often a major component to this rotation. Lastly, there are several board-certified faculty members to provide training consistent with Houston Conference Guidelines.

Program Structure

The internship consists of two six-month minor rotations. A major rotation typically consists of two and a half days per week whereas a minor rotation is one and a half days per week. One day per week is allocated for didactics, a required inpatient rotation, and other duties. Interns should plan to complete all major rotations within their funding site of the Department of Psychiatry. Minor rotations are available through any training site within UAB or Children's Hospital of Alabama.

Neuropsychology Rotation Schedule

Interns are assigned a neuropsychology year-long supervisor from their funding site (Dr. Ashley Reno). Along with them, interns attend a two-day orientation where they learn about available training experiences. Rotation supervisors attend orientation in conjunction with their institution or department colleagues to discuss their rotation. On the second day of orientation, the year long supervisor assists with planning rotation schedules, considering gaps in previous training, goals for internship year, and future career goals. While it is expected that interns will schedule their training experiences during orientation, the intern has the option to propose a change to their rotations at a future date. Changes will be made in consultation with the year-long supervisor and training directors. An example of an interns schedule is as follows:

	1 st rotation	2 nd rotation
Major	Complex Neuro	Medical/Surgical
Minor	Neurology	Children's

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Inpatient	Neurology	Med/Surg	Med/Surg	Med/Surg
PM	Didactics	Neurology	Med/Surg	Med/Surg	Neurology

Didactics

Monday is dedicated to didactic training, a year long therapy case, and inpatient services. This day typically starts with the neuropsychology intern participating in cognitive services of psychiatry inpatients (please reference further detail below). All interns attend a weekly group supervision seminar (11:00-12:00pm). Neuropsychology interns are expected to hold one therapy case per year that can be a population of their choice, and is also seen on this day. All psychology interns participate in a weekly didactic seminar on Monday afternoons from 3:00-4:00pm.

On Monday (following the federal holiday schedule), neuropsychology-focused interns additionally attend a weekly training seminar from 2:00-3:00pm. This seminar alternates among clinical case presentations (first week), neuroanatomy and professional development (second week), ABPP-styled fact finding (third week), and the Neuropsychology & Cognitive Science Seminar (fourth week) where UAB or nationally invited guests provide research presentations to the UAB interns, doctoral students, and faculty. Interns are expected to be active presenters and participants, with *at least* one research presentation, several clinical case presentations, and multiple independent fact findings. These will be scheduled at the beginning of the internship didactic year.

As an academic medical center, UAB hosts many opportunities including Geriatrics, Gerontology, and Palliative Care Conference; Psychiatry Grand Rounds, Neurology Grand Rounds, Physical Medicine and Rehabilitation Grand Rounds, Neuroimaging Journal Club, Brain Cuttings, Adolescent Medicine Seminars and Online Curriculum, Pediatric Grand Rounds, Child and Adolescent Psychiatry Grand Rounds, and Neurosciences seminar at UAB, among others. UAB and Children's of Alabama also host an Epilepsy Case Conference, and interns can attend the UAB Deep Brain Stimulation Surgical Planning Case Conference.

Supervision

Interns receive a *minimum* of four hours of supervision per week, including at least two hours of individual supervision, though neuropsychology focused interns tend to receive more. Supervision is achieved with the year-long supervisor on a monthly basis, rotation supervisors on a weekly basis, and therapy supervision with a case supervisor. Training is approached in a step-wise manner, meeting the trainee at their level of need and working towards independence.

Research, Administrative or Program Development Time

Interns may receive up to 4 hours per week of protected research, administrative or program development time with approval. The specifics to this training opportunity should first be discussed with your year-long supervisor, who will then present the proposal to the Internship Training Committee. Interns interested in engaging with research are encouraged to identify research mentors from among the neuropsychology internship faculty as many clinical supervisors have active research programs. Several additional faculty members also have active research programs in which interns may become involved: Research in Treatment of Substance Abuse/Psychedelics with Peter Hendricks, Ph.D., Research on Stroke and Traumatic Brain Injury with Fedora Biney, PhD; Research on Stroke and Cerebrovascular contributions to neurodegeneration, Alzheimer's disease, and Deep Brain Stimulation in Parkinson's disease with Victor Del Bene, PhD; Research in Substance Abuse with Karen Cropsey, Psy.D.; Research in Suicide Prevention with Jennifer Lockman, PhD; Research on Circadian Disorders with Karen Gamble, PhD; and Research on Pain, Sleep and Health Disparities with Alec Owens, Ph.D. Other opportunities are available based on intern interest.

Neuropsychology Focused Rotations

UAB Department of Psychiatry and Behavioral Neurobiology

1. General Neuropsychology: Medically Complex Rotation

Preceptors: Ashley Reno, Psy.D., ABPP-CN

Rotation Type: Major (2.5 days) or Minor (1.5 days)

Required times: Tuesday and Wednesday (some flexibility)

Patient Characteristics: Patients are referred from a variety of sources including Primary Care, Psychiatry, Neurology and other services throughout the hospital system. Often, these patients require us to address an identified concern (e.g., diagnostic clarification, language comprehension, uncertainty, etc.) in the context of a complex medical, neurological and/or psychiatric history. We see a wide range of conditions including early-onset/atypical dementias, medication- or substance-induced cognitive impairment, functional cognitive disorders, hypoxic/anoxic brain injury, seizure disorders, oncology, cerebrovascular disease, stroke, traumatic brain injury, sleep disorders, psychiatric comorbidity, and neurodevelopmental disorders. Some referrals are also seen as follow-up to an inpatient hospitalization.

Distribution of Activities: Supervised clinical training allows trainees to experience all aspects of neuropsychological evaluation, including clinical interviewing, test selection, interpretation and synthesis of test results, provision of recommendations and communication of results to patients, caregivers, and referral sources. Psychometry support is available.

Assessment Characteristics: This rotation will focus on comprehensive neuropsychological evaluations where interns will build skills in performing diagnostic interviews aimed at differential diagnosis, hone medical record-based report writing skills, and provide targeted feedback. This rotation is good for advanced trainees given the breadth of complex conditions that often interplay upon cognitive skills. Reports are expected to be completed within one week.

Rotation Goals: The primary goal of this rotation is to build upon previous neuropsychological diagnostic skills to advance towards readiness for board certification in neuropsychology. This rotation is not ideal for those without prior testing experience or limited experience. Given the complex nature, it is expected that literature reviews may need to be completed to help with diagnostic clarification of presenting cognitive profiles. This rotation is in-person.

2. General Neuropsychology: Stroke/TBI Emphasis

Preceptors: Ashley Reno, Psy.D., ABPP-CN (Primary)

Rotation Type: Major (2.5 days) or Minor (1.5 days)

Required times: Wednesday

Patient Characteristics: This rotation emphasis allows students to focus training on patients presenting with a primary diagnosis of TBI or Stroke. Patients are typically referred from within the medical center, having undergone treatment with other UAB providers. However, patients are also referred from external sources. As patients present with a primary diagnosis, emphasis of training can focus more on neurobehavioral correlates, and target treatment recommendations such as ability to return to work, school or driving.

Distribution of Activities: Supervised clinical training allows trainees to experience all aspects of neuropsychological evaluation, including clinical interviewing, test selection, interpretation and synthesis of test results, provision of recommendations and communication of results to patients, caregivers, and referral sources. Psychometry support is available.

Assessment Characteristics: This rotation will focus on comprehensive neuropsychological evaluations where interns will build skills in performing diagnostic interviews aimed at differential diagnosis, hone medical record-based report writing skills, and

provide targeted feedback. This rotation is good for advanced trainees given the breadth of complex conditions that often interplay upon cognitive skills. Reports are expected to be in within a week.

Rotation Goals: The primary goal of this rotation is to build upon previous neuropsychological diagnostic skills to advance towards readiness for board certification in neuropsychology. This this rotation is not ideal for those without prior testing experience or limited experience. Given the complex nature, it is expected that literature reviews may need to be completed to help with diagnostic clarification of presenting cognitive profiles. This rotation is in-person.

3. General Neuropsychology: UAB Athletics Emphasis

Preceptors: Ashley Reno, Psy.D., ABPP-CN (Primary)

Rotation Type: Major (2.5 days) or Minor (1.5 days)

Required times: Thursday

Patient Characteristics: This rotation has an emphasis on seeing sports players from UAB athletics that present with complaints of concussion, learning difficulty or attentional issues. Patient referrals fluctuate throughout the year and as such, this rotation is not always offered.

Distribution of Activities: Supervised clinical training allows trainees to experience all aspects of neuropsychological evaluation, including clinical interviewing, test selection, interpretation and synthesis of test results, provision of recommendations and communication of results to patients, caregivers, and referral sources. Psychometry support is available.

Assessment Characteristics: This rotation will focus on comprehensive neuropsychological evaluations where interns will build skills in performing diagnostic interviews aimed at differential diagnosis, hone medical record-based report writing skills, and provide targeted feedback. This rotation is good for advanced trainees given the breadth of complex conditions that often interplay upon cognitive skills. Reports are expected to be in within a week.

Rotation Goals: The primary goal of this rotation is to build upon previous neuropsychological diagnostic skills to advance towards readiness for board certification in neuropsychology. This this rotation is not ideal for those without prior testing experience or limited experience. Given the complex nature, it is expected that literature reviews may need to be completed to help with diagnostic clarification of presenting cognitive profiles. This rotation is in-person.

4. Medical/Autoimmune Neuropsychology Rotation

Preceptors: Brittney Randolph, Ph.D.

Rotation Type: Major (2.5 days) or Minor (1.5 days)

Required times: Wednesday and/or Thursday

Patient Characteristics: Patients seen on this rotation are typically referred with primary autoimmune or pathogen-related conditions such as Lupus, Lyme disease, Multiple Sclerosis, or HIV, among others. Of note, post-COVID patients are not seen on this rotation.

Distribution of Activities: Supervised clinical training allows trainees to experience all aspects of neuropsychological evaluation, including clinical interviewing, test selection, interpretation and synthesis of test results, provision of recommendations and communication of results to patients, caregivers, and referral sources. Psychometry support is available.

Assessment Characteristics: This rotation will focus on comprehensive neuropsychological evaluations where interns will build skills in performing diagnostic interviews aimed at differential diagnosis, hone medical record-based report writing skills, and provide targeted feedback. This rotation is good for advanced trainees given the breadth of complex conditions that often interplay upon cognitive skills. Reports are expected to be in within a week.

Rotation Goals: The primary goal of this rotation is to build upon previous neuropsychological diagnostic skills to advance towards readiness for board certification in neuropsychology. This this rotation is not ideal for those without prior testing experience or limited experience. Given the complex nature, it is expected that literature reviews may need to be completed to help with diagnostic clarification of presenting cognitive profiles. This rotation offers both hybrid in-person and telehealth training.

5. Medical/Surgical Neuropsychology Clinic

Preceptor: TBD

Rotation Type: Major (2.5 days) or Minor (1.5 days)

Required times: Wednesday and Thursday ideally; half day is flexible

Patient Characteristics: Most transplant patients seen on this rotation are candidates for heart and lung transplantation, including VAD placement, referred by the UAB Department of Surgery's Cardiothoracic Transplant Service as part of a series of pre-transplant medical evaluations. Patients are also seen referred for kidney, liver, and pancreas transplantation, though not as frequently. A niche component of this service is its involvement in UAB's Uterine Transplant Service, one of four sites in the US offering this type of surgery. Overall, patients are roughly seen 75 percent on an outpatient basis, while the remaining 25 percent are seen on an inpatient basis. Patients range in age from the mid-teens to mid-seventies and present with a wide range of medical, psychiatric, and behavioral diagnoses.

Distribution of Activities: Roughly 30 percent of the intern's time is devoted to evaluation, which includes conducting clinical interviews and possibly administering and scoring neuro/psychological measures. Approximately 50 percent of the intern's time is devoted to reviewing patient records and information, test interpretation, and report writing. The remaining 20 percent of time is spent in transplant team meetings, didactic meetings or learning opportunities, and supervision.

Assessment Characteristics: All assessments include a thorough diagnostic clinical interview that includes an evaluation of patients' treatment compliance, substance use, exercise, diet, health behavior, psychiatric, social, academic, and vocational histories, social support network and stress-coping skills. The evaluations are geared toward helping the Transplant Service determine the candidate's suitability for transplantation, identifying areas of concern that may negatively impact upon the individuals transplant candidacy (e.g., limited, and inconsistent social support, cognitive deficits), and suggesting ways in which these

limitations may be practically addressed. Neuropsychological testing evaluates intellectual, attentional, memory, expressive language, visuosperceptual, and executive cognitive functions. There is also a neurobehavioral component for in person patients. Psychometrician support is typically available for outpatient test administration and scoring. While a “standard” battery of tests is routinely used, the battery may be tailored to accommodate the specific needs of patients.

Intervention Characteristics: This rotation provides the occasional opportunity for inpatient or outpatient short-term psychotherapy, as well as patient education to improve/enhance compliance and adherence behaviors.

Time Commitment: Outpatient evaluations occur on Wednesday and Thursday’s mornings, though uterine transplant evaluations do not occur as steadily. Optional: Lung and Heart transplant team meetings are held from 7:30 to 9:00 am on Wednesday and Thursday mornings, respectively. The multidisciplinary Liver Disease Conference is held on Tuesday afternoon at 4 pm.

Rotation Goals: The general goal for the rotation is to familiarize interns with neuropsychological evaluation of medical/ surgical patients. Additional learning will comprise functional neuroanatomy and general knowledge of medical procedures as they relate to the patients’ conditions and follow up care. Supervision over the course of the rotation will typically follow a graduated approach, with increasing responsibility being given to interns as the competency increases. The rotation is appropriate for interns with limited neuropsychological assessment experience, as well as those with advanced pre-internship training in clinical neuropsychology. Some reading may be required prior to this rotation to familiarize the intern with the medical and surgical procedures.

Note: Collaborative research activities are available for interested interns; there is the option for collaboration on a multi-site transplant database, grant submission and possible publication work. This rotation is a hybrid of telemedicine and in-person work; outpatients are primarily seen as telemedicine though inpatients require you to be on site and working throughout the hospital. Be sure to download the Wayfinder app for in person purposes.

6. Post-COVID Clinic

Preceptor: Kristine Lokken, PhD

Rotation Type: Major (2.5 days) or Minor (1.5 days)

Required times: Monday, Tuesday; other days can be negotiated

Patient Characteristics: Outpatient neuropsychological assessments on patients with persistent cognitive complaints >12 weeks following positive SARSCoV-2 test. Patients will vary in presenting complaints and complexity.

Distribution of Activities: The intern would engage in interview, test interpretation, and report writing in a graduated approach, based on the intern’s experience and interests. Administration of neuropsychological testing may be required from time to time, depending on technician availability. A pre-determined, research-based battery of neuropsychological measures is utilized via telehealth administration. Patients will likely participate in serial neurocognitive assessments to further understand naturalistic course of neurocognitive issues

in post-COVID patients. The rotation is most appropriate for interns with pre-internship training in clinical neuropsychology.

Intervention Characteristics: There is the opportunity to participate in a 4-part Post-COVID educational series that is being offered through telemedicine or participation in individual Post-COVID CBT/ACT Psychotherapy. The 4-part series, titled “Moving towards wellness: Coping after a COVID-19 diagnosis” will be taught on Tuesdays from 3:30-4:30pm via Zoom. As desired, students can provide intervention via individual therapy with an emphasis on behavioral and cognitive orientations and techniques.

Goals of Rotation: The goal of this rotation is to familiarize students with the cognitive profile of individuals who have had a positive SARSCoV-2 diagnosis and present with cognitive complaints. Ultimately, students are expected to become independent practitioners with tiered levels of supervision being offered, offering patients concrete recommendations for return to independent living.

Note: Collaborative research activities are available for interested interns. This rotation can be primarily telemedicine.

7. Brain Health Clinic

Preceptor: Kristine Lokken, PhD

Rotation Type: Minor (1.5 days)

Required times: Tuesday; other days can be negotiated

Patient Characteristics: Outpatient neuropsychological assessments on adult patients with cognitive complaints or for those seeking prevention (baseline evaluation) or early intervention for cognitive decline. Recommendations are often accompanied by tailored brain health programs for each individual. Common diagnostic categories represented include SCI vs MCI vs normal aging, Dementia (AD, VAD, PD, etc), depression, anxiety, and cognitive disorders secondary to chronic medical or psychiatric conditions. Patients will vary in presenting complaints and complexity.

Distribution of Activities: The intern would engage in interview, test interpretation, and report writing in a graduated approach, based on the intern’s experience and interests. Administration of neuropsychological testing may be required from time to time, depending on technician availability. The rotation is most appropriate for interns with advanced pre-internship training in clinical neuropsychology.

Intervention Characteristics: There is opportunity to participate in an 8-week Brain Health class series that incorporates lifestyle therapeutics. Additionally, we provide a caregiver skills class though this does not necessarily pull from the current patient population and may be more reflective of others

Goals of Rotation: The goal of this rotation is to hone your diagnostic accuracy, identifying underlying root cause to brain health issues and utilizing ,multi modalities for treatment

Note: Collaborative research activities are available for interested interns. This rotation is a combination of telemedicine and in-person work.

8. Inpatient Neuropsychology Rotation

Preceptor: Ashley Reno, Psy.D., ABPP-CN

Rotation Type: Minor (inpatient services fluctuate in terms of patients referred)

Required times: Flexible

Patient Characteristics: Patient population includes primarily adults seen on an inpatient basis. Referrals come from five of our inpatient psychiatry units and occasionally from UAB Highlands Hospital and the main UAB Hospital. Common diagnostic categories represented include primary psychiatric disorders, neurologic (e.g., Dementia, TBI, Stroke, etc.) vs psychiatric manifestations, substance abuse history, and medical decision-making capacity evaluations. This population often has a wide variety of acute and chronic medical problems that make case conceptualization quite complex.

Distribution of Activities: Inpatient neuropsychological assessment includes bedside interview, test selection, report writing, and feedback to patients and interdisciplinary team members. The intern may also perform testing with the patient at bedside if desired or if psychometric support is unavailable. Concise and clear report writing is emphasized, ranging from short staffing notes to neuropsychological testing reports in a medical format.

Assessment Characteristics: On this minor rotation, interns will gain experience with a rapid consult model in an inpatient, interdisciplinary setting. Interns will conduct all portions of the evaluation in a graduated manner. Evaluations range from abbreviated cognitive screening assessments to comprehensive neuropsychological test batteries. The latter will include intellectual assessment and objective evaluation of memory, attention, processing speed, executive functioning, language, visuospatial functioning, and mood/personality.

Goals of Rotation: The goal of this rotation is to familiarize interns with neuropsychological assessment on an inpatient basis with psychiatrically and medically complex patients. The rotation is appropriate for interns with neuropsychological assessment experience, including those with advanced pre-internship training in clinical neuropsychology. This rotation is being offered as an in-person rotation only as it takes place on our inpatient units.

UAB Department of Neurology: Division of Neuropsychology

1. Stroke, Alzheimer's Disease, and Deep Brain Stimulation for Movement Disorders

Preceptors: Victor Del Bene, Ph.D.

Rotation Type: 6 month minor (1.5 days)

Rotation Goal: The goal of this neuropsychology training experience is to prepare clinical psychology interns for postdoctoral training in neuropsychology. The focus of the rotation is to increase the interns expertise in clinical interviewing, psychometrics, test interpretation, brain-behavior relationships and functional neuroanatomy, differential diagnosis, report writing, developing recommendations, and integrating relevant sociocultural

factors. While the focus is not on testing and most cases will have psychometrist support, interns may test their cases on an as needed basis. Interns are required to be in clinic, typically from 7am to 4pm.

Population: UAB Neurology refers to the Division of Neuropsychology from all of the major neurology subspecialties, including memory disorders, epilepsy, stroke, movement disorders, multiple sclerosis and neuro-immunology, neuro-oncology, and neuro-critical care. Referrals from primary care, geriatrics, and outside neurologists also are seen in the clinic. Cases for neuropsychological evaluation will include referrals from General Neurology as well as the following subspecialty clinics at UAB (note that these are sources of referrals and not sub-rotations within the minor); memory disorders clinic, stroke center, movement disorders and DBS clinic. Please reference the UAB website for more detailed information.

Clinic Format: Interns will work with Dr. Del Bene on one-to-two Rapid Access cases on Thursdays (full day) and a traditional outpatient case on Fridays (half day). Except for circumstances where a psychometrist is unavailable, the intern will have psychometrist support. The Rapid Access Clinic is focused on brief, focused clinical interviews and testing to answer specific questions related to stroke. Referrals also include amyloid positive patients with mild cognitive impairment and very mild dementia who are candidates for disease modifying therapies. Typically, interns will see one-to-two rapid access cases on Thursday, along with a traditional outpatient assessment on their other day, but this is flexible depending on their other rotations and current case load. Friday outpatient cases typically are pre-DBS referrals, MCI/dementia, and stroke referrals, but other clinical populations can be seen.

2. Pre-Neurosurgical Epilepsy and Deep Brain Stimulation for Movement Disorders

Preceptors: Roy Martin, Ph.D.

Rotation Type: 6 month minor (1.5 days)

Rotation Goal: The goal of this neuropsychology training experience is to prepare clinical psychology interns for postdoctoral training in neuropsychology. The focus of the rotation is to increase the interns expertise in clinical interviewing, psychometrics, test interpretation, brain-behavior relationships and functional neuroanatomy, differential diagnosis, report writing, developing recommendations, and integrating relevant sociocultural factors within a pre-neurosurgical population. While the focus is not on testing and most cases will have psychometrist support, interns may test their cases on an as needed basis. Interns are required to be in clinic, typically from 7am to 4pm.

Population: UAB Neurology refers to the Division of Neuropsychology from all of the major neurology subspecialties. This rotation will have cases for neuropsychological evaluation referred primary from the epilepsy and movement disorders service which includes a 10-bed video EEG monitoring unit, state-of-the-art facilities and equipment for diagnostic studies and treatment, intracranial electrode implantation, cortical stimulation studies, specialized EEG procedures, and a full range of conventional and special tests. Referral neuropsychology includes

pre-surgical evaluation as part of a comprehensive assessment. This patient cohort is seen in collaboration with neurosurgeons specializing in epilepsy and DBS surgery.

Clinic Format: Interns will work with Dr. Martin on 1-2 outpatient neuropsychological assessments per week, with the opportunity to observe and participate in Wada testing. The focus primarily is on pre-surgical evaluations for epilepsy (resection, ablation) and deep brain stimulation. Other referrals include MCI/dementia evaluations and other clinical populations from general neurology referrals.

3. Differential Diagnosis of Neurodegenerative Disorders Associated with Aging

Preceptors: Adam Gerstenecker, Ph.D.

Rotation Type: 6 month minor (1.5 days)

Rotation Goal: The goal of this neuropsychology training experience is to prepare clinical psychology interns for postdoctoral training in neuropsychology. The focus of the rotation is to increase the interns expertise in clinical interviewing, psychometrics, test interpretation, brain-behavior relationships and functional neuroanatomy, differential diagnosis, report writing, developing recommendations, and integrating relevant sociocultural factors. While the focus is not on testing and most cases will have psychometrist support, interns may test their cases on an as needed basis. Interns are required to be in clinic, typically from 7am to 4pm.

Clinic Format: Interns will work with Dr. Gerstenecker on 1-2 outpatient neuropsychological evaluations per week. Dr. Gerstenecker has clinics on Tuesday and Wednesday and interns can select which patients to work with based on interest. Dr. Gerstenecker's clinic largely focuses on the intersection between geropsychology and neuropsychology, with a particular interest in differential diagnosis of neurodegenerative disorders associated with aging (e.g., FTD, PD, atypical parkinsonism, AD, VaD). However, other patient presentations are also seen such as MS and general memory complaints.

UAB Spain Rehabilitation Center (Department of Physical Medicine and Rehabilitation)

1. Outpatient Adult Neuropsychology: Acquired Brain Injury, Post-Concussive, TBI and stroke follow-up, Capacity to Drive

Preceptor: Emma Lucas, PhD

Rotation Offering: possible 6 month minor*

Patient Characteristics: The primary population will be patients who have sustained TBI or stroke. As a result of the brain injury they may exhibit physical and cognitive disabilities which rapidly improve in many cases. Age ranges from sixteen years to geriatric cases, majority fall within a bimodal distribution of young adults and older adults. Other patients include tumor, dementia, post-concussion, and other neurologic conditions.

Distribution of Clinical Activities: Assessing outpatients, many of whom are returning inpatients for whom issues of return to driving, work, and independent living are paramount. Based on experience/interest the intern may be administering and scoring tests, though this is

not required if not an area of need. For those with a prime interest in neuropsychology the focus is often on case conceptualization, interpretation of test results, providing feedback, and concise report writing. All students participate in interviews of patients and family members, as well as provision of feedback. There are typically two or three neuropsychological evaluations per day. The neuropsychological assessments vary in breadth from 2 hours extended screenings to full day batteries depending on the case. Psychometricians are available to administer tests, but students can perform administration to fill in gaps in experience.

2. Rehabilitation Psychology- Neurotrauma TBI & Stroke Inpatient

Preceptor: Emma Lucas, PhD

Rotation Offering: possible 6 month minor*

Days: Flexible, Inpatient SRC staffing on Monday & Thursday

Patient Characteristics: Patients on this service have acquired brain injury, either non-traumatic (stroke, aneurysm) or traumatic (TBI), and exhibit physical and cognitive disabilities. Age ranges from sixteen years to geriatric cases, with TBI cases more often in the young adult range, and older adults with CVA.

Trainee Clinic for un(der)insured patients: There is also the opportunity to see patients for outpatient therapy under the supervision of either Drs. Azuero, Mahoney, or Hays. You can refer patients for ongoing assessment and treatment following discharge from the inpatient service to the community. Patients can also be assigned cases of interest that come from outpatient referral sources. Referral reasons typically include adjustment issues, trauma, depression, and anxiety. Treatment modalities include trauma-focused therapy (prolonged exposure or cognitive-processing therapy) and cognitive behavioural therapy, among others. If supervision experience is of interest for training, the opportunity to supervise graduate students in a scaffolding approach is also possible.

Distribution of Clinical Activities: The student will spend approximately 50% of the time in inpatient evaluation, 25% in consultation with members of the interdisciplinary treatment team and 25% in treatment interventions and report writing. The student will also participate in supervision and inpatient rounds.

Assessment Characteristics: Students will learn to employ both neurocognitive and emotional status screening to evaluate inpatients with various medical conditions. A thorough pre and post injury psychosocial history is the primary assessment tool supplemented by cognitive screening, pain assessment measures, and, at times, personality measures as needed. Assessments using either cognitive screening measures or more comprehensive neuropsychological techniques are employed depending on the ability level of the patient.

Intervention Characteristics: Adjustment disorders and acute stress reactions are the focus of clinical intervention on the inpatient service. Brief interventions may involve supportive contact, education, psychotherapy (individual and/or family), stress management (relaxation training, cognitive behavioural techniques), other behavioural interventions and/or crisis intervention. Collaboration with treatment team members is integral to this service. A wide range of treatment models are utilized, but the primary orientation is cognitive-behavioural. Opportunities for evidence-based psychotherapy in the general hospital setting, including CPT, PE, CBT-D, and CBT-I. Sex education/counselling is sometimes needed. Family

education and family therapy are often needed as well. A psycho-educational approach is often used to initiate therapeutic involvement. Opportunities to lead group psycho-education classes are also available.

Childrens of Alabama Rotations

1. Pediatric Hematology/Oncology, Children's of AL

Preceptors: Donna Murdaugh, Ph.D., ABPP-CN

Rotation Offered: 6 month minor

Setting: Interns have the opportunity to engage in neuropsychological assessment and consult/liaison work with patients at Children's of Alabama Taking on Life after Cancer (TLC) Clinic. The TLC clinic is part of the cancer survivorship clinics run in partnership with the Institute for Cancer Outcomes and Survivorship (ICOS) and the UAB Comprehensive Cancer Center. The clinic is open to all survivors of childhood cancer regardless of their age, although the patient population is primarily age 5 to 25 years.

Clinical Activities: Interns will have the opportunity to gain experience in neuropsychological assessment including, diagnostic interview with patients and caregivers, designing a flexible assessment battery to address referral questions, test administration, scoring, and interpretation, report writing, and feedback with families to provide relevant recommendations. Interns also have the opportunity to provide outpatient consultation and work with the interdisciplinary TLC team to develop holistic care plans for patients. Patients who are immunocompromised are seen via telehealth. Otherwise, appointments are conducted in person with social distancing and masks required.

2. Neuropsychology Clinic, Children's of AL

Preceptors: Matt Thompson, Psy.D., ABPP, Kristen Smith, Ph.D.

Rotation Offered: 6 month minor

Setting: Children's Behavioral Health Department at Children's of Alabama - Interns have the opportunity to gain experience conducting outpatient neuropsychological evaluations with a variety of populations including children with epilepsy, traumatic brain injury, spina bifida, genetic conditions, and other neurological disorders. Ages 4 to 21

Clinical Activities: Interns work with a supervising neuropsychologist and participate in the clinical interview, test administration, scoring, interpretation, and report writing. Interns will receive training to administer tests with which they might not be familiar. Interns also would have the opportunity to prepare reports pertaining to patients they evaluate. Other opportunities include attendance at a multidisciplinary epilepsy surgery team meeting. Interns do not need to have prior experience with neuropsychology. Assessments are conducted in person, with space for social distancing. Masks are required for staff, trainees, and patients. Enhanced cleaning protocols have been implemented.

Behavioral Health Track Training Information

Internship Positions

Internship slots are funded by UAB Medicine, the 8th largest medical center in the nation. There are three adult-track positions, funded by the Department of Psychiatry and Behavioral Neurobiology, of which one is behavioral health focused.

Behavioral Health Track

Individuals selecting the Behavioral Medicine track will be funded through the Department of Psychiatry, with a major rotation through primary care and/or family medicine. There are also multiple rotation offerings (please see detailed offerings below) with a behavioral medicine focus within the department and in other departments. For example, interns may choose a minor rotation with UAB Behavioral Sleep Medicine where they may arrange their training to meet requirements for board certification in Behavioral Sleep Medicine. Integration into the Functional Neurological Disorders clinic will allow for multidisciplinary teamwork for patients with FND, including the intern being a main component of treatment. Interns may choose a minor in the Medical/ Surgical Behavioral Medicine rotation, which encompasses the UAB transplant service, Bariatric Services and spinal cord stimulator evaluations. Interns may gain experience in a nephrology clinic setting through UAB psychiatry. Additionally, interns may choose to do a major or minor rotation in UAB's COVID-19 clinic or Emergency Department. Although not a formal track, interns may choose minor rotations with Spain Rehabilitation Psychology to gain additional experience with conducting medical/psychosocial evaluations as well as brief interventions focusing on pertinent considerations for patients within an inpatient rehabilitation setting (i.e., behavioral management/intervention, environmental management, family education and counseling, crisis intervention). An opportunity to provide behavioral health services for outpatient Cardiopulmonary Rehabilitation services may also be available via the Medical Trauma minor rotation.

Program Structure

The internship consists of two six-month rotation periods, typically consisting of one major and one minor rotation experience. A major rotation typically consists of two and a half days per week whereas a minor rotation is one and a half days per week. It is also possible to engage in three minor rotations (rather than a major and a minor); however, such schedules are given careful consideration prior to approval. One day per week is allocated for didactics, a required ADHD evaluation rotation, and other duties. Interns should plan to complete all major rotations within their funding site of the Department of Psychiatry. Minor rotations are available through any training site within UAB or Children's Hospital of Alabama.

Behavioral Health Rotation Schedule

Interns are assigned a behavioral medicine focused year-long supervisor from their funding site (Dr. Christina Pierpaoli-Parker). Along with them, interns attend a two-day orientation where they learn about available training experiences. Rotation supervisors attend orientation in conjunction with their institution or department colleagues to discuss their rotation. On the second day of orientation, the year long supervisor assists with planning rotation schedules, considering gaps in previous training, goals for internship year, and future career goals. While it is expected that interns will schedule their training experiences during orientation, the intern has the option to propose a change to their rotations at a future date. Changes will be made in consultation with the year-long supervisor and training directors. An example of an interns schedule is as follows:

	1 st rotation	2 nd rotation
Major	iBeMS	FND
Minor	Post-COVID	Sleep Medicine

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	ADHD	Sleep Medicine	FND	FND	FND
PM	Didactics	Sleep Medicine	FND	FND	Sleep Medicine

Optional Didactics

In addition to the required weekly didactic seminar, there are numerous additional didactic opportunities available throughout the medical center that interested interns may attend, pending approval by their rotation supervisors.

As an academic medical center, UAB hosts many opportunities including Geriatrics, Gerontology, and Palliative Care Conference; Psychiatry Grand Rounds, Neurology Grand Rounds, Physical Medicine and Rehabilitation Grand Rounds, Neuroimaging Journal Club, Brain Cuttings, Adolescent Medicine Seminars and Online Curriculum, Pediatric Grand Rounds, Child and Adolescent Psychiatry Grand Rounds, and Neurosciences seminar at UAB, among others. UAB and Children's of Alabama also host an Epilepsy Case conference.

Other Training

Intern Research Seminar

This research requirement involves a 30-minute presentation given by each intern to peers as well as at least four training faculty members. Research presentations may consist of the intern's original research or a clinical case conference focused on published peer-reviewed research that illuminates a complex case or disorder. Research presentations may occur in a variety of settings, such as neuropsychology didactics, with the LEND program, or during the weekly didactic seminar.

Research, Administrative or Program Development Time

Interns may receive up to 4 hours per week of protected research, administrative or program development time with approval. The specifics to this training opportunity should first be discussed with year-long supervisor, who will then present the proposal of the 4 hours to the Internship Training Committee. Interns interested in engaging with research are encouraged to identify research mentors from among the internship faculty. Many clinical supervisors (listed above) also have active research programs, and interns may discuss options with them. Several additional faculty members also have active research programs in which interns may become involved: Research in Treatment of Substance Abuse/Psychedelics with Peter Hendricks, Ph.D., Research on Stroke and Traumatic Brain Injury with Fedora Biney, PhD; Research in Substance Abuse with Karen Cropsey, Psy.D.; Research in Suicide Prevention with Jennifer Lockman, PhD; Research on Circadian Disorders with Karen Gamble, PhD; and Research on Pain, Sleep and Health Disparities with Alec Owens, Ph.D. Other opportunities are available based on intern interest. Please note, this is not dissertation release time.

Behavioral Health Focused Rotations

UAB Department of Psychiatry and Behavioral Neurobiology

1. Integrated Behavioral Medicine Service (iBeMs):

Preceptor: Christina Pierpaoli Parker, PhD

iBeMs Primary Care Description: Interns can participate in a vertical supervision model with Dr. Christina Pierpaoli Parker. Interns would conduct brief functional assessment intakes and brief, time-limited individual psychotherapy interventions within an evidence-based model of collaborative care while co-located in a primary care setting. Interns can also gain exposure to same-day interventions and curbside consults through warm hand-off from PriCare providers. Common presentations and interventions include CBT for depression, anxiety, and insomnia and interventions for the behavioral aspects of chronic medical conditions, such as management of chronic pain and adherence to diabetes treatment.

Time Commitment: This rotation is offered as either a minor rotation (1.5 days) or a major rotation (3 days) in combination with below. Days/times are flexible. This rotation is primarily in-person for a full integrated care experience.

iBeMs Division of Nephrology Description: Interns would work alongside Dr. Pierpaoli Parker within the Division of Nephrology. This model is currently being piloted to be utilized to further scale Integrated Behavioral Medicine Services throughout UAB Primary Care Clinics and other Department of Medicine Divisions. Interns would conduct brief functional assessment intakes and brief, time-limited individual psychotherapy interventions within an evidence-based model of collaborative care while co-located in the Division of Nephrology. Interns can also gain exposure to same-day interventions and curbside consults through warm hand-off from Nephrology providers. Common presentations and interventions are expected to include CBT for depression, anxiety, and insomnia and interventions for the behavioral aspects of chronic kidney disease and adherence to dialysis treatment. Interns can be involved in program development and roll out of psychoeducational class series and group therapy as interested.

Time Commitment: This rotation is offered as either a minor rotation (1.5 days) or can be combined with the other rotation above to build a major rotation (3 days). Clinic occurs Tuesday mornings (8-12). This rotation can be primarily in-person for a full integrated care experience or a mix of telehealth and in-person.

2. ADHD Clinic: Diagnostic & Treatment

Preceptor: Ashley Hanson, Ph.D.

Rotation Type: Minor (.5 days) required year long

Required Day: Monday mornings for evaluation, other time can be negotiated

Patient Characteristics: Patient population includes individuals primarily over the age of 18, though sometimes younger, seen on an outpatient basis only. Common diagnostic referrals include ADHD vs psychological manifestation with the occasional psychodiagnostic or medical comorbidity.

Assessment Characteristics: This clinic is primarily psychodiagnostic in nature, aiming to help diagnose and clarify concerns regarding behaviors, mood, and emotional functioning; cognitive testing is not a component to these evaluations. Interns will participate and eventually lead a thorough psychodiagnostic interview inclusive of educational, occupational and social histories. Medical history will be reviewed in depth and self-report measures of ADHD and executive functioning will be interpreted. The intern will also provide feedback to the patient regarding whether they do or do not meet diagnostic criteria for ADHD alone with tailored recommendations.

Intervention Characteristics: When intervention is offered it usually consists of individual therapy with an emphasis on behavioral and cognitive orientations and techniques. Group therapy can also be offered for the interested intern. Interns are not expected to assume a leading role in intervention, unless they request to do so.

Goals of Rotation: The goal of this rotation is to train interns to rapidly, though thoroughly, assess ADHD in young adult and adults often presenting with emotional and/or medical comorbidities. Training and supervision will follow a graduated approach, increasing responsibilities as appropriate for each intern's level of competency.

3. Functional Neurological Disorders (FND) Clinic

Preceptor: Aaron Fobian, PhD (primary); Christina Mueller, Ph.D. (secondary)

Rotation Type: Major (2.5 days) or Minor (1.5 days)

Required times: Tuesday or Thursday required; Monday afternoons optional

Rotation Description: Dr. Fobian is the director of the FND Treatment Clinic at UAB, a collaborative approach between psychology services and physical, occupational and speech therapy. This psychotherapy rotation will allow fellows to be trained in an innovative evidenced-based cognitive behavioral treatment for children, adolescents and adults with functional neurological disorders (FND). As FND is a condition in which patients experience neurological symptoms not associated with a definable organic disease, treatment is focused on non-pharmacological management of physical symptoms and related functional deficits. Clinical services are currently conducted via telehealth though inpatient referrals have been steadily increasing. There is opportunity for interdisciplinary work.

Time Commitment: Outpatient therapy occurs on Monday and Tuesday afternoons and Thursday all day. Group supervision occurs Thursday afternoons from 12:30-2, which is required. Inpatient consultations occur in the mornings. This rotation is being offered as a telemedicine rotation only.

4. Pre-Surgical Clinic; Bariatric & Spinal Cord Stimulator

Preceptor: Brittney Randolph, PhD

Rotation Type: Minor (1.5 days)

Required times: Tuesday; writing day can be negotiated

Patient Characteristics: Pre-surgical evaluations are completed for individuals interested in bariatric surgery or spinal cord stimulator placement. Evaluations occur only on an outpatient basis. Bariatric evaluations are referred by UAB Bariatric Surgery Services and interdisciplinary involvement is a key component of the process where the psychological evaluation is discussed as it relates to the patients' readiness for surgery. The UAB Weight Loss Medicine Clinic is also strongly engaged with most bariatric patients and there is opportunity for interactions with various team members including bariatric dietitians and medical team members. Spinal cord stimulator evaluations are referred through the UAB Pain Treatment Center for individuals with severe or persistent pain. Advanced treatments include high frequency spinal cord stimulation and dorsal root ganglion stimulation and evaluations are from a risk management perspective.

Intervention Characteristics: This rotation provides the opportunity for outpatient short-term psychotherapy, as well as patient education to improve/enhance compliance and adherence behaviors. Group therapy, utilizing both ACT and DBT methods, can also be a component if there is an interest.

Time Commitment: This rotation is offered as a minor rotation (1.5 days) only. Outpatient evaluations occur on Tuesday. Bariatric Surgery meetings occur on the second and

fourth Thursday of the month at 4:00 pm. Individual and group therapy will be scheduled at the intern's convenience. This rotation is being offered as a telemedicine rotation only.

5. Behavioral Sleep Medicine Clinic

Preceptor: Justin Thomas, Ph.D., DBSM (primary); Christina Mueller, Ph.D. (secondary)

Rotation Type: Minor (1.5 days), Minimum 6 month commitment (BSM Board Exam would be at least one day a week for a year)

Rotation Description: Dr. Thomas is the Director of the UAB Behavioral Sleep Medicine (BSM) Clinic and Training Program. The UAB BSM Clinic is integrated in the UAB Sleep/Wake Disorders Center and provides BSM services for a variety of sleep disorders including insomnia, circadian sleep-wake rhythm disorders, nightmares, as well as addressing adherence to continuous positive airway pressure (CPAP) and treating sleep disorders within the context of psychiatric illness. The BSM Training Program is accredited by the Society of Behavioral Sleep Medicine and fulfills training requirements for the Board of Behavioral Sleep Medicine (BBSM). Research opportunities in a variety of areas, including the impact of sleep on cardiovascular disease, are also available. This rotation is currently offered as a telehealth rotation only. Therapy is being provided via telehealth.

6. Brain Health Clinic

Preceptor: Kristine Lokken, PhD

Rotation Type: Minor (1.5 days)

Required times: Tuesday; other days can be negotiated

Patient Characteristics: There is opportunity to participate in an 8-week Brain Health class series that incorporates lifestyle therapeutics. Additionally, we provide a caregiver skills class though this does not necessarily pull from the current patient population and may be more reflective of other rotations

Time Commitment: This rotation is offered as either a minor rotation (1.5 days) or a major rotation (2.5 days) in combination with other rotations with Dr. Lokken (e.g. Post-COVID NeuroClinic or intervention experiences). This rotation is a combination of telemedicine and in-person work.

Note: Collaborative research activities are available for interested interns.

7. Post-COVID Clinic

Preceptor: Kristine Lokken, PhD

Rotation Type: Major (2.5 days) or Minor (1.5 days)

Required times: Tuesday; other days can be negotiated

Intervention Characteristics: There is the opportunity to participate in a 4-part Post-COVID educational series that is being offered through telemedicine or participation in individual Post-COVID CBT/ACT Psychotherapy. The 4-part series, titles "Moving towards wellness: Coping after a COVID-19 diagnosis" will be taught on Tuesdays from 3:30-4:30pm via

Zoom. As desired, students can provide intervention via individual therapy with an emphasis on behavioral and cognitive orientations and techniques.

Time Commitment: This rotation is offered as either a minor rotation (1.5 days) or a major rotation (2.5 days) in combination with other rotations with Dr. Lokken (e.g. Brain Health Assessments or intervention experiences). This rotation can be primarily telemedicine.

Note: Collaborative research activities are available for interested interns.

8. Transplant Clinic

Preceptor: Brittney Randolph, PhD

Rotation Type: Major (2.5 days) or Minor (1.5 days)

Required times: Wednesday and Thursday ideally; third day is flexible

Patient Characteristics: Most transplant patients seen on this rotation are candidates for heart and lung transplantation, including VAD placement, referred by the UAB Department of Surgery's Cardiothoracic Transplant Service as part of a series of pre-transplant medical evaluations. Patients are also seen referred for kidney, liver, and pancreas transplantation, though not as frequently. A niche component of this service is its involvement in UAB's Uterine Transplant Service, one of four sites in the US offering this type of surgery. Overall, patients are roughly seen 75 percent on an outpatient basis, while the remaining 25 percent are seen on an inpatient basis. Patients range in age from the mid-teens to mid-seventies and present with a wide range of medical, psychiatric, and behavioral diagnoses.

Assessment Characteristics: All assessments include a thorough diagnostic clinical interview that includes an evaluation of patients' treatment compliance, substance use, exercise, diet, health behavior, psychiatric, social, academic, and vocational histories, social support network and stress-coping skills. The evaluations are geared toward helping the Transplant Service determine the candidate's suitability for transplantation, identifying areas of concern that may negatively impact upon the individuals transplant candidacy (e.g., limited, and inconsistent social support, cognitive deficits), and suggesting ways in which these limitations may be practically addressed. Neuropsychological testing is a component with technician support.

Intervention Characteristics: This rotation provides the occasional opportunity for inpatient or outpatient short-term psychotherapy, as well as patient education to improve/enhance compliance and adherence behaviors. Additionally, there are three student-led support groups for pre-surgical candidates, inpatient pre-surgical candidates and caregivers.

Time Commitment: Outpatient evaluations occur on Wednesday and Thursday's mornings, though uterine transplant evaluations do not occur as steadily. Optional: Lung and Heart transplant team meetings are held from 7:30 to 9:00 am on Wednesday and Thursday mornings, respectively. The multidisciplinary Liver Disease Conference is held on Tuesday afternoon at 4 pm. Groups occur on Thursdays. This rotation is a hybrid of telemedicine and in-person work; outpatients are primarily seen as telemedicine though inpatients require you to be on site and working throughout the hospital. Be sure to download the Wayfinder app for in person purposes.

UAB Spain Rehabilitation Center (Department of Physical Medicine and Rehabilitation)

2. Rehabilitation Psychology- Spinal Cord Injury, Inpatient

Preceptor: Casey Azuero, Ph.D., MPH, ABPP-RP

Rotation Offering: Minor, (Staffing on Tuesdays), in-person inpatient and telehealth outpatient

Patient Characteristics: Inpatient case load is almost exclusively acute onset spinal cord injury with some related conditions: transverse myelitis, anterior artery syndromes, spina bifida etc. This is a predominantly young male population, disproportionately African American based on community epidemiology. Causes of spinal cord injury are typically motor vehicle crashes, falls, and violence. Pre-existing conditions such as substance use and concomitant complications such as chronic pain and cognitive dysfunction/limitations can compound the coping/adjustment process.

Distribution of Clinical Activities: The student will spend approximately 50% of the time in inpatient evaluation, 25% in consultation with members of the interdisciplinary treatment team and 25% in treatment interventions and report writing. The student will also participate in supervision and inpatient rounds.

Assessment Characteristics: Students will learn to employ both neurocognitive and emotional status screening to evaluate inpatients with various medical conditions. A thorough pre and post injury psychosocial history is the primary assessment tool supplemented by cognitive screening, pain assessment measures, and, at times, personality measures as needed. Assessments using either cognitive screening measures or more comprehensive neuropsychological techniques are employed depending on the ability level of the patient.

Intervention Characteristics: Adjustment disorders and acute stress reactions/post-traumatic stress disorder are the focus of clinical intervention on the inpatient service. Brief interventions may involve supportive contact, education, psychotherapy (individual and/or family), stress management (relaxation training, cognitive behavioural techniques), other behavioural interventions and/or crisis intervention. Collaboration with treatment team members is integral to this service. A wide range of treatment models are utilized, but the primary orientation is cognitive-behavioral. Opportunities for evidence-based psychotherapy in the general hospital setting, including CPT, PE, CBT-D, and CBT-I. Sex education/counseling, substance use education/counseling (including motivational interviewing), and other pro-social health behavior education/counseling is sometimes needed. Family education and family therapy are often needed as well. A psycho-educational approach is often used to initiate therapeutic involvement. Opportunities to lead group psycho-education classes are also available on Mondays.

2. Rehabilitation Psychology- Medical/Trauma Inpatient, CPR Outpatient

Preceptor: Megan McMurray Hays, Ph.D., ABPP-RP

Rotation Offering: Minor, (Staffing on Wednesdays), Inpatient SRC in-person inpatient and telehealth outpatient

Patient Characteristics: Patients on this service encompass a wide range of medical trauma, including fractures, burn, crush, amputations, and other major trauma without severe head injury, although mild TBI and post-operative confusion are common. Medical patients are also seen with peripheral weakness from infectious diseases, autoimmune disorder, cancer, cardiopulmonary, and post-surgical debility. Among older people there is an increased risk for delirium and sometimes dementia. Age range is from the 20's to geriatric cases. Behavioral health services are provided to outpatients in Cardiopulmonary Rehabilitation in groups as well as consult-based individual health and behavior interventions.

Distribution of Clinical Activities: The student will spend approximately 50% of the time in inpatient evaluation, 25% in consultation with members of the interdisciplinary treatment team and 25% in treatment interventions and report writing. The student will also participate in supervision and inpatient rounds.

Assessment Characteristics: Students will learn to employ both neurocognitive and emotional status screening to evaluate inpatients with various medical conditions. A thorough pre and post injury psychosocial history is the primary assessment tool supplemented by cognitive screening, pain assessment measures, and, at times, personality measures as needed. Assessments using either cognitive screening measures or more comprehensive neuropsychological techniques are employed depending on the ability level of the patient.

Intervention Characteristics: Adjustment disorders and acute stress reactions are the focus of clinical intervention on the inpatient service. Brief interventions may involve supportive contact, education, psychotherapy (individual and/or family), stress management (relaxation training, cognitive behavioural techniques), other behavioural interventions and/or crisis intervention. Collaboration with treatment team members is integral to this service. A wide range of treatment models are utilized, but the primary orientation is cognitive-behavioural. Opportunities for evidence-based psychotherapy in the general hospital setting, including CPT, PE, CBT-D, and CBT-I. Sex education/counselling is sometimes needed. Family education and family therapy are often needed as well. A psycho-educational approach is often used to initiate therapeutic involvement. Opportunities to lead group psycho-education classes are also available.

Children's Hospital of Alabama Rotations

1. Adolescent Health Center, UAB Department of Peds, Adolescent Medicine Clinic/ Children's of AL

Preceptor: Heather Austin, Ph.D.

Rotation Offered: Minor

Setting/Clinical Activities: Interns have the opportunity to participate in a variety of integrated health settings within the Division of Adolescent Medicine where adolescents are treated for general concerns, chronic illness (HIV), substance use, and our Leadership Education in Adolescent Health Clinic for adolescents with multiple needs who are seen primarily by

trainees in the core disciplines of medicine, psychology, nursing, nutrition and social work. Trainees and faculty supervisors work jointly to improve the health and well-being of adolescent patients and work with them and their caregivers to help them achieve optimal overall functioning. Interns will be exposed to an adolescent population with issues which place them at high risk (e.g. medical adherence, substance use, academic failure, various psychosocial needs). Opportunities will be available for interns to conduct initial clinical interviews, assist with managing resources, provide brief therapy, and participate in available educational experiences related to this population.

2. Behavioral Assessment Clinic (BAC), Civitan-Sparks Clinics

Preceptor: Kristy Domnanovich, Ph.D.

Rotation Offered: Minor

Setting: This Clinic serves children and adolescents aged 5 to 18 usually referred by their primary physician for evaluation of behavioral and academic problems. Before clients are seen, comprehensive behavioral assessment data and medical and school records are obtained and reviewed. The Behavioral Assessment Clinic is staffed by Psychology, with consultation from other disciplines as needed.

Clinical Activities: The psychological evaluation consists of a semi-structured parent interview, cognitive and academic screening, behavior observation and ratings, and clinical assessment of impulsivity, inattention, and over activity. Parents and children are interviewed, and social emotional functioning is assessed. Interns will work directly with their supervisor in administering, scoring, and interpreting assessment measures and supervision will be provided on an on-going basis (before, during, and after each assessment). Trainees will also be responsible for producing reports that include background information, assessment results, clinical interview, and recommendations about treatment planning and future directions. They are encouraged to participate in parent feedback sessions to explain assessment results, provide information about the diagnosis, and offer recommendations. Individual therapy clients are often picked up through this clinic

3. Pediatric Psychology Consultation-Liaison Service, Children's of AL

Preceptors: Dan Marullo, Ph.D., Nina Reynolds, Ph.D.

Rotation Offered: Minor

Setting/Clinical Activities: Rotation consists of training in inpatient medical consultation/liaison services, pre- and post-transplant evaluations, and brief, focused therapy with pediatric populations hospitalized for medical conditions. Common presenting concerns include: difficulty coping with and adjusting to diagnosis and treatment, anxiety, depression, behavioral difficulties, nonadherence to medical treatment, functional/ somatic disorders, and pain coping. Participation in weekly psychosocial medical team meetings and ongoing clinical program development is also encouraged. Consults are conducted in person; inpatients have had negative COVID-19 tests prior to interacting with trainees.

Adult UAB Internship Rotations

Location	Rotation	Track
Psychiatry	ADHD Clinic: Diagnostic & Treatment	Generalist
Psychiatry	THRIVE Suicide Recovery Clinic & Research Lab	Generalist
Psychiatry	Outpatient Intervention for SMI	Generalist
Psychiatry	Developmental Trauma & Traumatic Grief	Generalist
Psychiatry	LGBTQ Health & Wellness Clinic, Sparks Ambulatory Psychotherapy Rotation	Generalist
Psychiatry	Trauma Related Disorders Clinic	Generalist
Psychiatry	UAB Mindfulness, Meaning & Self Compassion Esketamine-Assisted Psychotherapy Clinic	Generalist
Psychiatry	Adolescent Mental Health Evaluation Service	Generalist
Psychiatry	Psychotherapy Rapid Intake Team (PRIT)	Generalist
Psychiatry	Integrated Behavioral Medicine Service (iBeMs)	Behavioral Health
Psychiatry	Functional Neurological Disorders (FND) Clinic	Behavioral Health
Psychiatry	Medical/Surgical Behavioral Medicine Clinic	Behavioral Health
Psychiatry	Pre-Surgical Clinic; Bariatric & Spinal Cord Stimulator	Behavioral Health
Psychiatry	Brain Health Clinic	Behavioral Health/ Neuropsychology
Psychiatry	Post-COVID Clinic	Behavioral Health/ Neuropsychology
Psychiatry	Transplant Clinic	Behavioral Health
Psychiatry	General Neuropsychology: Medically Complex	Neuropsychology
Psychiatry	General Neuropsychology: Stroke/TBI Emphasis	Neuropsychology
Psychiatry	General Neuropsychology: UAB Athletics Emphasis	Neuropsychology
Psychiatry	Medical/Autoimmune Neuropsychology Rotation	Neuropsychology
Psychiatry	Medical/Surgical Neuropsychology Clinic	Neuropsychology
Psychiatry	Inpatient Neuropsychology Rotation	Neuropsychology
Neurology	Stroke, Alzheimer's Disease & Deep Brain Stimulation for Movement Disorders	Neuropsychology
Neurology	Pre-Neurosurgical Epilepsy and Deep Brain Stimulation for Movement Disorders	Neuropsychology
Neurology	Differential Diagnosis of Neurodegenerative Disorders Associated with Aging	Neuropsychology
SRC	Rehabilitation Psychology- Spinal Cord Injury	Behavioral Health/ Generalist
SRC	Rehabilitation Psychology- Medical/Trauma Inpatient & CPR Outpatient	Behavioral Health/ Generalist
SRC	Rehabilitation Psychology- Neurotrauma TBI & Stroke	Neuropsychology
SRC	Adult Neuropsychology: Acquired Brain Injury, Post-Concussive, Post-Stroke, Capacity to Drive, TBI follow-up	Neuropsychology

Child and Pediatric Psychology Track Information

Internship Positions

Sponsored by the [UAB LEND Program](#) at [Civitan-Sparks Clinics](#), there are **two** child-track positions.

Child Track

The Child specialty track of the UAB – BVAMC Clinical Psychology Internship Consortium provides exposure to diverse and complex clinical populations in a wide variety of settings, including [Civitan-Sparks Interdisciplinary Clinics](#) (a LEND/UCEDD training site) and [Children's of Alabama](#). The diversity of settings and role functions afford numerous opportunities to interface with physicians, other health care professionals, schools, state agencies, advocates, and mental health professionals. All services emphasize the need to impact systems of care and individual lives through clinical service delivery to individuals and families, community education, and advocacy. Along with their supervisors, child interns are members of interdisciplinary teams throughout most of their rotations.

In conjunction with their year-long supervisor, each intern develops an individualized training plan based on their training goals and clinical emphasis. The primary training method is experiential (i.e., direct service delivery) and supervision plays a central role in the learning process. Supervision is augmented by a wide variety of didactic seminars, observation of staff conducting clinical services, guided reading, and consultative support. Several opportunities for mentoring are available to the interns. In addition to their yearlong supervisor and rotation preceptors, interns have opportunities to pursue mentoring opportunities with other clinical faculty based on their research and clinical interests. Interns also participate in weekly individual and, when available, group supervision sessions. A vertical team approach is employed in some settings and interns may be provided opportunities to supervise undergraduate and graduate level psychology students.

Interns in the Child specialty track are also considered trainees in the UAB Leadership Education in Neurodevelopmental Disabilities (LEND) program, which incorporates experience in advocacy, policy, and community outreach in addition to clinical training. More information regarding UAB LEND can be found [here](#).

Program Structure

Interns participate in the three Major rotations (Developmental, School-Age, Pediatrics/Neuropsychology, described in detail below) and three Minor rotations (Autism, Adult, Elective Child Experience). A Major rotation typically reflects a time commitment of three days and a Minor rotation reflects a two-day commitment. The specific content and sequence

of rotations are determined following a meeting with the year-long supervisor and the rotation supervisors. Below are two sample rotation schedules.

Sample A:

	1 st Rotation	2 nd Rotation	3 rd Rotation
MAJOR	<i>Developmental (CDC/ITC/MDC and NBFU) at Civitan-Sparks Houser, Domnanovich</i>	<i>Peds/Neuropsych at Children's of Alabama Marullo, Reynolds, Smith</i>	<i>School-Age (PEC and BAC) at Civitan-Sparks Domnanovich, Houser</i>
MINOR	<i>ELECTIVE: Peds/ Neuropsych Thompson</i>	<i>Adult Rotation UAB Medical/Surgical Behavioral Medicine</i>	<i>Autism at Civitan-Sparks O'Kelley/Ryan</i>

Sample B:

	1 st Rotation	2 nd Rotation	3 rd Rotation
MAJOR	<i>Peds/Neuropsych at Children's of Alabama Thompson, Smith</i>	<i>School-Age (PEC and BAC) at Civitan-Sparks Domnanovich</i>	<i>Developmental (CDC/ITC/MDC and NBFU) at Civitan-Sparks Houser, Domnanovich</i>
MINOR	<i>Adult Rotation Spain Rehab</i>	<i>Autism at Civitan-Sparks O'Kelley/Ryan</i>	<i>ELECTIVE: ASD/DD Consult Team</i>

Note: Interns maintain a minimum of 2 therapy cases throughout the year that are not part of their major/minor rotations. These cases are supervised by PTC faculty across the internship and may include PEERS®, UAB Psychiatry, cases from a previous rotation (e.g., from Children's of Alabama or adult rotation), Civitan-Sparks Psychology Clinic, etc.

Major Rotations

The sequence of majors and the specific content of each major rotation will be determined with the year-long supervisor at the beginning of the training year. Each intern is required to complete a major rotation in each of the following areas:

Developmental Rotation (located at Civitan-Sparks):

- Child Development Clinic (CDC)
- Multiple Disabilities Clinic (MDC)
- Infant/Toddler Clinic (ITC)
- Newborn Follow-up Clinic (NBFU)

School-Age Rotation (located at Civitan-Sparks):

- Behavioral Assessment Clinic (BAC)
- Psychoeducational Clinic (PEC)

Pediatric/Neuropsychology Rotation (located at Children's of Alabama):

- Adolescent Health Center
- Inpatient Psychiatric Consultation Service

- Neuropsychology Clinic
- Outpatient Psychology Clinic
- Pediatric Somatic Symptom Disorders Outpatient Clinic
- Pediatric Hematology/Oncology
- Pediatric Psychology Consultation-Liaison Service
- Pediatric Neurosurgery

Minor Rotations

Each intern is required to complete three minor rotations. One of the minor rotations must consist of an adult focused experience selected from the UAB adult track options. A second minor rotation must be within the Autism Spectrum Disorders Clinic at the Civitan-Sparks Clinics and may involve only assessment or a combination of assessment and intervention, dependent on the interest of the intern. The third minor rotation can include an additional experience from the above listed major rotation opportunities.

Didactics and Other Training

Didactics

All interns participate in weekly group psychotherapy supervision (Mondays, 12:00-2:00pm) and a weekly didactic seminar led by faculty (Mondays, 4:00-5:00pm). Child-track interns also participate in a required LEND Neurodevelopmental Disabilities Core Lecture Series (weekly on Thursday at noon) and neuropsychology-focused interns participate in a required didactic seminar on Mondays from 3:00-4:00pm. (Topics vary among fact-finding, case presentations, journal club, and board exam review.) Topics of the intern seminar span a variety of topics including: Theories and methods of assessment and diagnosis, and effective intervention (including empirically supported treatments); Theories and/or methods of consultation, evaluation, and supervision; Strategies of scholarly inquiry; and Issues of cultural and individual diversity that are relevant to all of the above. See the table below regarding topics that have been offered in previous years.

Topic	Presenter
Meeting with the Training Directors	Tiffany Nowell, Ph.D. & Sarah O'Kelley, Ph.D.
Applying for a Research Postdoctoral Fellowship	Caitlin Clevenger, Ph.D.
Telehealth	Sarah Rowe, Ph.D., Laura Nelson, Ph.D., & Katherine Jackson, Psy.D. .
Psychology in the Medical Setting	Casey Azuero, Ph.D.
Applying for Fellowships & Job Applications	Megan McMurray, Ph.D. & Sean Hollis, Ph.D.
Psychology in the Academic Setting	Burel Goodin, Ph.D.
Psychopharmacology- Part 1 (Affective Disorders)	UAB Psychiatry Resident
Psychopharmacology: Anxiolytics and Stimulants	UAB Psychiatry Resident.
Psychopharmacology- Part 2 (Psychotic Disorders)	UAB Psychiatry Resident
Ethics	Bob Campbell, Psy.D.

Professional Life Development Issues: Risk Management/HIPAA	Adrian Zebot, J.D., Risk Management Education Coordinator
Multicultural Issues & Psychotherapy- Part 1	Alison Thomas, Ph.D. & Tiffany Nowell, Ph.D.
Multicultural Issues & Psychotherapy- Part 2	Alison Thomas, Ph.D. & Tiffany Nowell, Ph.D.
Supervision Issues Pertinent to Inpatient Services	Amanda Pilai, Ph.D.
Program Evaluation: What is it?	John Houser, Ph.D.
Program Evaluation: Methods and Implementation	John Houser, Ph.D.
Forensic Psychology Evaluations	Bob Campbell, Psy.D.
Supervision in Multicultural Competence in Evidence Based Practice	Alison Thomas, PhD & Kristen Smith, PhD.,
Running a Productive Research Lab	Merida Grant, Ph.D.
Supervision in Multicultural Competence in Evidence Based Practice	Tiffany Nowell, Ph.D., Alison Thomas, Ph.D. & Kristen Smith, Ph.D.
Recognition and Management of Concussions	Sean Hollis, Ph.D. & Matt Thompson, Psy.D., ABPP-CN
Unexplained Physical Symptoms	Daniel Marullo, Ph.D.
The Grant Application Process	Karen Cropsey, Psy.D.
Experimental Research Methods in Psychology	Justin Thomas, Ph.D., DBSM

Child Track Rotation Descriptions

1. Adolescent Health Center, UAB Department of Peds, Adolescent Medicine Clinic/ Children's of AL

Preceptor: Heather Austin, Ph.D.

Rotation Offered: Within the Pediatric/Neuropsychology Major and/or Elective Minor

Setting/Clinical Activities: Interns have the opportunity to participate in a variety of integrated health settings within the Division of Adolescent Medicine where adolescents are treated for general concerns, chronic illness (HIV), substance use, and our Leadership Education in Adolescent Health Clinic for adolescents with multiple needs who are seen primarily by trainees in the core disciplines of medicine, psychology, nursing, nutrition and social work. Trainees and faculty supervisors work jointly to improve the health and well-being of adolescent patients and work with them and their caregivers to help them achieve optimal overall functioning. Interns will be exposed to an adolescent population with issues which place them at high risk (e.g. medical adherence, substance use, academic failure, various psychosocial needs). Opportunities will be available for interns to conduct initial clinical interviews, assist with managing resources, provide brief therapy, and participate in available educational experiences related to this population. Services are a mix of telehealth and face-to-face with social distancing. Masks are required for staff, trainees, and patients.

2. Autism Spectrum Disorders Clinic, Civitan-Sparks Clinics

Preceptors: Sarah O'Kelley, Ph.D., Sarah Ryan, Ph.D., Cassandra Newsom, Psy.D., Brandi Ellis, Ph.D., Sarah Olivas, Psy.D.

Rotation Offered: Minor (required for child-track)

Setting: The Civitan-Sparks Clinics' Autism Spectrum Disorders Clinic is a diagnostic clinic serving individuals ranging from one to sixteen years of age. This clinic is one of the few of its kind in the state of Alabama; thus, children with a suspected Autism Spectrum Disorder are referred from across the state and the surrounding states by pediatricians, neurologists, psychologists, educators, and families. These evaluations are typically conducted as part of an interdisciplinary team involving Developmental/Behavioral Pediatrics and Speech-Language Pathology, at a minimum.

Clinical Activities: The diagnostic assessment battery for the ASD clinics include some combination of the following measures: the Autism Diagnostic Interview-Revised (ADI-R), the Autism Diagnostic Observation Schedule- Second Edition (ADOS-2), Childhood Autism Rating Scale, Second Edition (CARS2), and the Social Responsiveness Scale- Second Edition (SRS-2), as appropriate. In addition, cognitive/developmental measures may also be included. Interns will develop a familiarity with and competency in the administration of the assessment tools used in the diagnosis and rule-out of ASD. In addition, they will develop knowledge of the diagnostic criteria for Autism Spectrum Disorder and an understanding of the range of clinical presentations of ASD. Interns will have the opportunity to participate in family feedback sessions as part of ASD Clinics. Opportunities for participation in arena style evaluations with Developmental-Behavioral Pediatricians may also be available for interns with previous ASD assessment experience.

There are a number of intervention opportunities available through the ASD Clinic rotation as well. These intervention services include individual and family-based programming that are evidence-based and utilize the principles of behavioral interventions, a developmental perspective, and visual structures and support. All interventions emphasize increasing independence, communication, social interaction, and community participation. Group-based intervention opportunities are often available as well, including therapist and/or social coaching positions in the Program for the Education and Enrichment of Relational Skills (PEERS®) with teens and young adults with ASD/DD. School consultation and/or community-based presentations related to ASD may also be available. Interested interns are invited to participate in these intervention opportunities as a co-therapist with their supervisor or individually, depending on their level of comfort and experience.

3. Behavioral Assessment Clinic (BAC), Civitan-Sparks Clinics

Preceptor: Kristy Domnanovich, Ph.D.

Rotation Offered: Within the School-Age Major and/or Elective Minor

Setting: This Clinic serves children and adolescents aged 5 to 18 usually referred by their primary physician for evaluation of behavioral and academic problems. Before clients are seen, comprehensive behavioral assessment data and medical and school records are obtained and reviewed. The Behavioral Assessment Clinic is staffed by Psychology, with consultation from other disciplines as needed.

Clinical Activities: The psychological evaluation consists of a semi-structured parent interview, cognitive and academic screening, behavior observation and ratings, and clinical assessment of impulsivity, inattention, and over activity. Parents and children are interviewed, and social emotional functioning is assessed. Interns will work directly with their supervisor in

administering, scoring, and interpreting assessment measures and supervision will be provided on an on-going basis (before, during, and after each assessment). Trainees will also be responsible for producing reports that include background information, assessment results, clinical interview, and recommendations about treatment planning and future directions. They are encouraged to participate in parent feedback sessions to explain assessment results, provide information about the diagnosis, and offer recommendations. Individual therapy clients are often picked up through this clinic. Clinical services are currently primarily face-to-face care with precautions of social distancing and masks for patients and staff, with some telehealth opportunities.

4. Behavioral Intervention Clinic (BIC), Civitan-Sparks Clinics

Preceptors: Brandi Ellis, Ph.D. & Sarah Olivas, Psy.D.

Rotation Offered: Year-long

Setting/Clinical Activities: The Behavioral Intervention Clinic provides family- focused behavioral interventions for children with disruptive, defiant, or oppositional behaviors. Currently, this clinic is offering Parent-Child Interaction Therapy (PCIT) for children (ages 2-6) and their caregivers. PCIT is an evidence-based parent training intervention that is effective in addressing disruptive and impulsive behaviors. PCIT emphasizes improvement of the parent-child relationship and development of healthier parent-child interaction patterns. A parent questionnaire (ECBI) is given to the families to complete each week to assess their child's behavior problems during the week. Sessions last approximately 1 hour and a progress note is written the same day of the session. Trainees are expected to observe all parts of the treatment and participate in didactics (conducted during regular supervision time) before co-leading a treatment session with their supervisor. Since Dr. Olivas and Dr. Ellis are both certified within-agency trainers through PCIT International, trainees have the opportunity (but are not required) to complete the requirements to sit for the PCIT certification exam.

5. Inpatient Psychiatric Consultation Service, Children's of AL

Preceptor: Arista Rayfield, Ph.D.

Rotation Offered: Within the Pediatric/Neuropsychology Major and/or Elective Minor

Setting/Clinical Activities: Rotation consists of training in inpatient psychiatric evaluations with children and adolescents. Will use objective and projective personality measures as well as intellectual and academic screening to assist in differential diagnosis and treatment planning for acute inpatient psychiatry patients. Opportunities to collaborate in an interdisciplinary setting with master's prepared therapists, occupational therapists, social work, nursing and psychiatrists. Common presenting concerns include: Intellectual Disability, Autism, Bipolar and Related mood disorders, psychosis, Personality Disorders, Post Traumatic Stress Disorder. Clinic is conducted Monday all day and Thursday mornings at Children's of Alabama 1600 7th Avenue South location. Clinical services are currently face-to-face care with precautions of social distancing and masks for patients and staff.

6. Integrated Behavioral Medicine with Children, UAB Pediatric Primary Care Clinic at Children's Park Place (on-site required)

Preceptor: Margaret F. Canter, Ph.D.

Rotation Offered: Elective Minor

Setting/Clinical Activities: Interns gain experience providing mental health services in a primary care setting, promoting relationships between physical and mental health, and working as part of an interdisciplinary team. Interns conduct intake evaluations, provide treatment recommendations to families and help facilitate their connection with services, conduct same-day consultations, and provide brief, evidence-based treatment (CBT) to patients and their families in a primary care setting. Interns also provide brief (4-8 sessions), evidence-based treatment (CBT) to patients and their families via in-person or virtual therapy.

7. Interdisciplinary Clinics: Child Development Clinic (CDC)/ Multiple Disabilities Clinic (MDC)/ Infant and Toddler Clinic (ITC), Civitan-Sparks Clinics

Preceptors: Kristy Domnanovich, Ph.D., & John Houser, Ph.D.

Rotation Offered: Within the Developmental Major and/or Elective Minor

Setting: The **Child Development, Multiple Disabilities, and Infant and Toddler Clinics** are comprised of an interdisciplinary team that includes the disciplines of Psychology, Social Work, Occupational Therapy, Speech/Language Pathology, Audiology, Vision, Developmental/Behavioral Pediatrics, and Nutrition. Children evaluated through the Child Development Clinic typically range in age from three to ten years old. The Multiple Disabilities Clinic provides assessments to individuals with multiple impairments who typically range in age from approximately four years to eighteen years old. Children evaluated through the Infant and Toddler Clinic range in age from birth to three years old. Referrals come from pediatricians, neurologists, geneticists, mental health professionals, service providers, teachers, and caregivers. The children evaluated through the clinics come from all over the state of Alabama and from surrounding states.

Clinical Activities: Psychological assessments provided through the clinics include measures of developmental or intellectual functioning (current editions of the Wechsler Intelligence Scale for Children, Differential Ability Scales, Bayley Scales of Infant Development, Stanford-Binet Intelligence Scales, and Leiter International Performance Scale), adaptive functioning (current editions of the Vineland Adaptive Behavior Scales, Adaptive Behavior Assessment System), behavior (Child Behavior Checklist, Behavior Assessment System for Children, Behavior Rating Inventory of Executive Function, caregiver interview, in-clinic observation), and psychosocial functioning (parent and child interviews, symptom checklists). Interns will work directly with their supervisor in administering, scoring, and interpreting assessment measures and supervision will be provided on an on-going basis (before, during, and after each assessment). Interns will participate in team staff meetings and develop recommendations for home and school functioning as a collaborative effort with their supervisor and with clinicians from other disciplines. Trainees will also be responsible for producing reports that include background information, assessment results, clinical interview, and recommendations about treatment planning and future directions. They are encouraged to

participate in parent feedback sessions to explain assessment results, provide information about the diagnosis, and offer recommendations. Children evaluated through these clinics can be picked up for short or long-term individual or family-based therapy. Clinical services are currently primarily face-to-face care with precautions of masks for parents, patients and staff, with some telehealth opportunities.

8. Neuropsychology Clinic, Children's of AL

Preceptors: Matt Thompson, Psy.D., ABPP, Kristen Smith, Ph.D.

Rotation Offered: Within the Pediatric/Neuropsychology Major and/or Elective Minor

Setting: Children's Behavioral Health Department at Children's of Alabama - Interns have the opportunity to gain experience conducting outpatient neuropsychological evaluations with a variety of populations including children with epilepsy, traumatic brain injury, spina bifida, genetic conditions, and other neurological disorders. Ages 4 to 21

Clinical Activities: Interns work with a supervising neuropsychologist and participate in the clinical interview, test administration, scoring, interpretation, and report writing. Interns will receive training to administer tests with which they might not be familiar. Interns also would have the opportunity to prepare reports pertaining to patients they evaluate. Other opportunities include attendance at a multidisciplinary epilepsy surgery team meeting and outpatient consultation in the hospital follow up clinic with Rehab Medicine. Interns do not need to have prior experience with neuropsychology. Assessments are conducted in person, with space for social distancing. Masks are required for staff, trainees, and patients. Enhanced cleaning protocols have been implemented.

9. Newborn Follow-Up Clinic, Civitan-Sparks Clinics

Preceptors: Kristy Domnanovich, Ph.D.

Rotation Offered: Within the Developmental Major and/or Elective Minor

Setting: The Newborn Follow-Up Clinic is a multi-disciplinary team clinic that follows children born extremely low birth weight (less than 2.2 pounds) from birth to three years of age.

Clinical Activities: The intern responsibilities are assessment based during this clinic and include administration of the Bayley Scales of Infant Development, 3rd and 4th Editions and the Differential Ability Scales, 2nd Edition. Trainees will administer assessment measures, complete a brief (one page) summary, and provide feedback and recommendations to caregivers. Interns participate in the Newborn Follow-Up Clinic during the same rotation as the Child Development, Infant and Toddler, and Multiple Disabilities Clinics. Clinical services are currently face-to-face care with precautions of social distancing and masks for patients and staff.

10. Outpatient Psychology Clinic, Children's of AL

Preceptor: Allison Battaglia, Ph.D.

Rotation Offered: Within the Pediatric/Neuropsychology Major and/or Elective Minor

Setting: Children's of Alabama in the Children's Behavioral Health Department at Patriot Park location

Clinical Activities: Rotation consists of training in evidence-based psychological interventions for children, adolescents, and their families with neurodevelopmental disabilities (e.g., ASD, ID, ADHD). Interventions are primarily based on behavior-analytic and/or cognitive-behavioral principles provided through individual therapy and/or parent training. Common referral concerns include mild-to-moderate behavioral difficulties, emotion dysregulation, social skills training, and deficits in adaptive skills. Opportunities for leading or co-leading group parent training and/or group skills training (e.g., social skills, emotion regulation) may be available. Opportunities for individual therapy for anxiety, depression, and trauma as well as conducting outpatient psychological evaluations under the supervision of the psychologist may also be available. Supervision will be provided with a focus on developmentally increasing the trainee's independence implementing outpatient psychological services. Clinical services are currently face-to-face care with precautions of social distancing and masks for patients and staff.

11. Outpatient Psychology Clinic, Children's of AL Behavioral Health-Ireland Center

Preceptor: Nashedra Barry, Ph.D.

Rotation Offered: Within the Pediatric/Neuropsychology Major and/or Elective Minor Setting/Clinical

Setting: Children's of Alabama Behavioral Health-Ireland Center

Clinical Activities: Rotation consists of training in evidence-based psychological interventions for children, adolescents, and their families with a variety of presenting concerns, diagnoses, and developmental levels. Trainees will learn to use a combination of clinical interviewing, functional interviewing, informal observations, and structured analogue observations to inform function-based treatment plan development. Interventions are primarily based on behavior-analytic and/or cognitive-behavioral principles provided through individual therapy and/or parent training with an emphasis on data-based decision making. Trainees may also have an opportunity to train in Parent Child Interaction Therapy (PCIT). Common referral concerns include mild to moderate disruptive behaviors (e.g., tantrums, noncompliance, physical aggression, elopement), social skills deficits, and adaptive skill deficits. Trainees will also have opportunities to engage in individual therapy for anxiety, depression, and trauma as well as conducting outpatient psychological evaluations under the supervision of the psychologist may also be available.

12. Parent Child Interaction Therapy (PCIT) Clinic, Children's of AL

Preceptor: Arista Rayfield, Ph.D., PCIT Within Agency Trainer

Rotation Offered: Within the Pediatric/Neuropsychology Major and/or Elective Minor

Setting/Clinical Activities: Rotation consists of training in Parent Child Interaction Therapy, a manualized empirically validated treatment of a wide range of emotional and behavioral problems in preschool children. PCIT focuses on ongoing assessment driven treatment, in session coaching of parenting skills, and emphasizes high treatment fidelity. Training will include didactic training and providing PCIT to clients typically via co-therapy with supervisor. Clinic is conducted Wednesdays at the Patriot Park location of Children's of

Alabama (200 Wildwood Parkway, Homewood, AL 35209). Intern may spend all day Wednesday or a half day in the morning or afternoon. Clinical services are currently face-to-face care with precautions of social distancing and masks for patients and staff.

13. Pediatric Somatic Symptom Disorders Outpatient Clinic, UAB Psychiatry

Preceptor: Aaron Fobian, PhD.

Rotation Offered: Minor and/or ancillary intervention experience

Setting/Clinical Activities: Conduct evidence-based treatments for children and adolescents with various health issues including functional neurological disorders, somatic symptom disorder and chronic pain. Clinic is in 4 hours blocks on Tuesday afternoons and Thursday mornings, and interns can participate in one or both of the clinic days. Clinical services are currently conducted via telehealth. The team is exploring options for a safe return to in-person care.

14. Pediatric Hematology/Oncology, Children's of AL

Preceptors: Donna Murdaugh, Ph.D., ABPP-CN

Rotation Offered: Within the Pediatric/Neuropsychology Major and/or Elective Minor

Setting: This pediatric psychology practicum/rotation provides students an opportunity to work with the Hope and Cope Psychosocial and Education Program at the Alabama Center for Childhood Cancer and Blood Disorders, which is a partnership between the UAB Division of Pediatric Hematology-Oncology and Children's of Alabama Hospital. As a member of the interdisciplinary Hope and Cope Family Support Team, students will have opportunities to work with families of children diagnosed with cancer, brain tumors, receiving bone marrow transplant, and sickle cell disease.

Clinical Activities: Students will complete consults and provide brief inpatient therapy as well as outpatient therapy and parent training using evidence-based interventions based on family risk level. Opportunities also are available to co-lead parent support groups, support group for adolescents and young adults (AYA) diagnosed with cancer, as well as pain education groups. Some common presenting problems of the pediatric patients and their families include depression, anxiety, pain management (e.g., procedural distress, chronic pain, etc.), medication non-adherence, school/community reentry, grief, bereavement, and general individual and familial coping/adjustment issues related to illness stressors. Students also have opportunities to attend weekly interdisciplinary rounds (e.g., oncologists, nurse practitioners, social workers, psychologist, child-life specialists, teachers, school liaisons, chaplains, and expressive therapists) to learn more about the integration of medical and psychological services. Additionally, students have opportunities to participate in ongoing research and quality improvement projects. Training goals are designed to fit student/intern clinical and research interests.

With Dr. Murdaugh, interns have the opportunity to engage in neuropsychological assessment and consult/liaison work with patients at Children's of Alabama Taking on Life after Cancer (TLC) Clinic. The TLC clinic is part of the cancer survivorship clinics run in partnership with the Institute for Cancer Outcomes and Survivorship (ICOS) and the UAB Comprehensive Cancer Center. The clinic is open to all survivors of childhood cancer regardless of their age,

although the patient population is primarily age 5 to 25 years. Interns will have the opportunity to gain experience in neuropsychological assessment including, diagnostic interview with patients and caregivers, designing a flexible assessment battery to address referral questions, test administration, scoring, and interpretation, report writing, and feedback with families to provide relevant recommendations. Interns also have the opportunity to provide outpatient consultation and work with the interdisciplinary TLC team to develop holistic care plans for patients.

15. Pediatric Neurosurgery: Clinical Child Psychology Rotation, UAB Department of Neurosurgery/Children's of AL

Preceptor: Elizabeth M. McRae, Ph.D.

Rotation Offered: Within the Pediatric/Neuropsychology Major and/or Elective Minor

Setting/Clinical Activities: Patients include children, teens, and young adults (ages 0-21) who are referred by the UAB/COA Pediatric Neurosurgery team for concerns related to neuropsychological functioning, adjustment to the hospital setting, and/or general developmental and psychological functioning. This patient population includes individuals engaged with neurosurgery for a range of presenting concerns but largely consists of individuals with hydrocephalus and related disorders such as spina bifida, traumatic brain injuries, and various genetic and/or neurodevelopmental disorders. Referral concerns also commonly include parental adjustment and medical post-traumatic stress in parents of children with neurosurgery engagement. Interns will have opportunities for involvement with inpatient and outpatient consultation/liaison services; short-term outpatient CBT-based intervention (individual, family, and group); and psychodiagnostic and neuropsychological assessments. Trainees will gain experience conducting clinical interviews, scoring, interpreting, and synthesizing results, and writing integrated reports. They will also be involved with providing feedback to patients, families, and the treatment team/referral source when indicated. Opportunities for involvement with various translational research projects (e.g., multidisciplinary studies including genetics, neurosurgery, psychology, social work, hematology/oncology, public health, etc.) and clinical research including a randomized clinical trial are available, as well. Assessment protocols depend on the patient's age and referral concern, but commonly used assessment tools include the Bayley-4, WPPSI-IV, WISC-V, Bracken-4, WIAT 4, NEPSY II, ADOS-2, and various standardized parent-, teacher-, and self-report measures of social, emotional, behavioral, adaptive, and executive functioning.

16. Pediatric Psychology Consultation-Liaison Service, Children's of AL

Preceptors: Dan Marullo, Ph.D., Nina Reynolds, Ph.D., Kathryn Phillips, Ph.D.

Rotation Offered: Within the Pediatric/Neuropsychology Major and/or Elective Minor

Setting/Clinical Activities: Rotation consists of training in inpatient medical consultation/liaison services, pre- and post-transplant evaluations, and brief, focused therapy with pediatric populations hospitalized for medical conditions. Common presenting concerns include: difficulty coping with and adjusting to diagnosis and treatment, anxiety, depression, behavioral difficulties, nonadherence to medical treatment, functional/ somatic disorders, and

pain coping. Participation in weekly psychosocial medical team meetings and ongoing clinical program development is also encouraged. Consults are conducted in person; inpatients have had negative COVID-19 tests prior to interacting with trainees.

17. Psychoeducational Clinic (PEC), Civitan-Sparks Clinics

Preceptors: Kristy Domnanovich, Ph.D., and John Houser, Ph.D.

Rotation Offered: Within the School-Age Major and/or Elective Minor

Setting: This clinic provides interdisciplinary evaluation of school-age children who are experiencing academic problems and are suspected of having a specific learning disability (e.g., reading, written expression) or a processing deficit (e.g., phonological processing).

Clinical Activities: Evaluation of cognitive functioning, academic skills, and other specific skills are conducted in a format compatible with school-based evaluations. In addition to the measures of cognitive, adaptive, and social-behavioral functioning included in Child Development Clinic, this clinic typically includes measures of academic functioning (e.g., current editions of the Woodcock-Johnson Tests of Achievement, Wechsler Individual Achievement Test). Self-report behavioral emotional raters may also be included as needed. PEC is an interdisciplinary clinic whose team consists of Psychology, Speech/Language Pathology, Occupational Therapy, Audiology, Developmental/Behavioral Pediatrics, and other disciplines as necessary. There is a strong focus on educating parents regarding their child's strengths and weaknesses, legal/procedural aspects of special education and Section 504, how to advocate for their children with the school system, and what to look for in an effective Individualized Education Program (IEP). Reports from this clinic include comprehensive recommendations to schools. School visits for IEP development and follow-up services may be provided. Clinical services are currently primarily face-to-face care with precautions of masks for parents, patients and staff, with some telehealth opportunities.

18. Psychology Clinic, Civitan-Sparks Clinics

Preceptor: All Civitan-Sparks Faculty

Rotation Offered: Year-long

Setting: The Psychology Clinic provides outpatient psychological interventions to children, adolescents, and their families. Treatment approaches are evidence-based, primarily behavioral and cognitive-behavioral, but may also include interpersonal and systems approaches. Referrals come from many sources, including our clinics and the pediatric practice housed at Civitan-Sparks Clinics. Live supervision and review of audio/videotaped sessions is encouraged. Most supervision is individual and conducted weekly.

Clinical Activities: Child specialty interns are expected to maintain an active therapy caseload of approximately five patients throughout the training year. This should include at least two patients or intervention activities (e.g., social skills group) with children at the Civitan-Sparks Clinics and may include child and/or adult patients supervised by other Internship faculty. Clinical services are currently a mix of telehealth and face-to-face care with precautions of social distancing and masks for patients and staff.

Pediatric Neuropsychology Track Training Information

Internship Positions

There is one Pediatric Neuropsychology track position which is sponsored by the [Children's of Alabama \(CoA\) Department of Behavioral Health](#) and [UAB Division of Pediatric Hematology, Oncology, and Blood & Marrow Transplantation \(UAB Hem/Onc\)](#)

About Children's of Alabama Hospital

Children's of Alabama (COA) hospital is the only medical center in Alabama dedicated solely to the care and treatment of children and the primary site of the University of Alabama at Birmingham (UAB) pediatric medicine programs. COA is a Level 1 state designated trauma facility and our EMU is designated Level 4 by the National Association of Epilepsy Centers (NAEC), which is the highest level for units specializing in a continuum of care for patients, from seizure diagnosis to invasive monitoring for surgical planning. The [Alabama Center for Childhood Cancer and Blood Disorders at COA](#) treats and manages 95% of children with cancer in Alabama and its catchment area spreads to Mississippi, Tennessee, Florida and Georgia, with approximately 120 newly diagnosed patients treated each year. COA was proud to tie for the #1 Best Children's Hospital in the Southeast according to the 2022-2023 U.S. News & World Report Best Children's Hospitals Survey. COA is ranked in the top 50 nationally in all 10 pediatric specialty services.

Pediatric Neuropsychology Track

The **Children's of Alabama Hospital (COA) Pediatric Neuropsychology** internship track is designed to provide a broad array of options with a variety of roles for preparing for independent practice.

- Outpatient Assessment
- Epilepsy Pre-Surgical Evaluations and Team Meetings
- Brief Concussion Evaluations
- Consultation
- Cognitive Remediation

For breadth of training, the intern can choose 3 electives from a multitude of options including areas of developmental/child psychology and adult psychology/neuropsychology.

This track is designed to prepare students for fellowship, career, leadership, and board certification (ABPP) in Clinical Neuropsychology. The neuropsychology track is based on APA guidelines for training at the internship level in clinical psychology. In addition, the neuropsychology track meets APA Division 40, Houston Conference and Association for

Internship Training in Clinical Neuropsychology (AITCN) guidelines for neuropsychology internships.

Interns can individualize their experiences by choosing electives from the entirety of rotation offerings of the [UAB Psychology Internship Program](#), including **Child and Pediatric Psychology Training** positions, as well as adult psychology/neuropsychology rotations through the **Department of Psychiatry**.

The major neuropsychological rotations provide depth and breadth of training as a clinical neuropsychologist, including both inpatient and outpatient exposure, consult/liaison services, and participation as an integral member of interdisciplinary medical teams. Neuropsychology rotations offer a wide range of medical and neurological populations, including, but not limited to, epilepsy, stroke, genetic conditions, cancer and blood disorders, traumatic brain injury, and genetic conditions. The intern also has opportunities to be involved in epilepsy presurgical team meetings, concussion clinic, hospital consultations, and cognitive rehabilitation. In these rotations, interns will gain experience with a wide variety of neurological populations often with comorbid complex medical and/or psychiatric histories. The rotations provide the intern with experience in assessment administration, scoring, case conceptualization, report writing, interviewing and feedback. There are opportunities for comprehensive treatment planning which often includes tailored, actionable recommendations that can incorporate short-term behavioral and cognitive behavioral interventions offered within the department.

Program Structure

Interns participate in the two Major rotations and three Minor rotations. A Major rotation typically reflects a time commitment of three days and a Minor rotation reflects a one and a half-day commitment. The specific content and sequence of rotations are determined following a meeting with the year-long supervisor and the rotation supervisors. Below are sample rotation schedules.

Interns are assigned a neuropsychology yearlong supervisor. Along with the yearlong supervisor, interns attend a two-day orientation where they learn about available training experiences. Rotation supervisors attend orientation in conjunction with their institution or department colleagues to discuss their rotation. On the second day of orientation, the yearlong supervisor assists with planning rotation schedules, considering gaps in previous training, goals for internship year, and future career goals. While it is expected that interns will schedule their training experiences during orientation, the intern has the option to propose a change to their rotations at a future date. Changes will be made in consultation with the yearlong supervisor and training directors.

	1st Major 6 months	2nd Major 6 months
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MAJOR (3 DAYS)	NEUROPSYCHOLOGY Children’s Behavioral Health		NEUROPSYCHOLOGY Hematology/Oncology
	1 st Minor 4 months	2 nd Minor 4 months	3 rd Minor 4 months
MINOR (1.5 DAYS)	Elective	Elective	Elective

An example of an interns schedule is as follows:

Sample A – Pediatric Interest

	1st Major 6 months	2nd Major 6 months	
MAJOR (3 DAYS)	NEUROPSYCHOLOGY Children’s Behavioral Health	NEUROPSYCHOLOGY Hematology/Oncology	
	1st Minor 4 months	2nd Minor 4 months	3rd Minor 4 months
MINOR (1.5 DAYS)	Pediatric Psychology Consultation-Liaison Service	C-READY Cognitive Remediation	Adolescent Clinic

Sample B- Lifespan Interest

	1st Major 6 months	2nd Major 6 months	
MAJOR (3 DAYS)	NEUROPSYCHOLOGY Children’s Behavioral Health	NEUROPSYCHOLOGY Hematology/Oncology	
	1st Minor 4 months	2nd Minor 4 months	3rd Minor 4 months
MINOR (1.5 DAYS)	Spain Rehab	Neuropsych Medically Complex (adult)	Newborn Follow up Clinic

Sample C- Autism/Neurodevelopmental Interest

	1st Major 6 months	2nd Major 6 months		
MAJOR (3 DAYS)	NEUROPSYCHOLOGY Children’s Behavioral Health	NEUROPSYCHOLOGY Hematology/Oncology		
	1st Minor 4 months	2nd Minor 4 months		3rd Minor 4 months

MINOR (1.5 DAYS)	Interdisciplinary Clinics	ASD Clinic	Adolescent Health Center
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Pediatric Neuropsychology Track Rotation Descriptions

Primary Placements/Major Rotations

Neuropsychology Clinic, Children's of Alabama

Preceptors: Matt Thompson, Psy.D., ABPP-CN, Kristen Smith, Ph.D.

Rotation Offered: Required Major

Setting: Behavioral Health Department at Children's of Alabama (outpatient)

Clinical Activities: Interns have the opportunity to gain experience in all aspects of conducting outpatient neuropsychological evaluations with a variety of neurological conditions. Specific experience is provided with brief concussion evaluations and epilepsy pre-surgical evaluations. All referrals have a medical/neurological condition affecting brain development. Interns gain experience with a wide variety of neurology populations including children with epilepsy, traumatic brain injury of varying severity, encephalitis, spina bifida, cerebral palsy, genetic conditions, and other neurological disorders. Neuropsychology referrals most commonly come from Rehabilitation Medicine and Neurology ages 4 to 21. Many of the families we serve are from underserved communities.

Intern will be involved in two outpatient evaluations each week. Interns work with a supervising neuropsychologist and participate in the clinical interview, test administration, scoring, interpretation, and report writing. Interns will receive training to administer tests with which they might not be familiar. Interns also would have the opportunity to prepare reports pertaining to patients they evaluate. The intern will be involved in pre-surgical epilepsy evaluations and discussion of these cases at a multidisciplinary epilepsy surgery team meeting on Wednesdays. There will also be opportunities for supervision of graduate student trainees.

Intern will participate in monthly Concussion clinic where brief consultative type evaluations are the model. The most common referral question for this clinic is to better understand barriers to full concussion recovery. Evidence based recommendations are made and some patients may be seen for brief CBT-based follow up.

Pediatric Hematology/Oncology, Children's of Alabama

Preceptors: Donna Murdaugh, Ph.D., ABPP-CN

Rotation Offered: Required Major

Setting: Alabama Center for Childhood Cancer and Blood Disorders
(inpatient/outpatient)

Clinical Activities: Interns have the opportunity to engage in neuropsychological assessment and consult/liaison work with patients at Children's of Alabama Taking on Life after Cancer (TLC) Clinic. The TLC clinic is part of the cancer survivorship clinics run in partnership with the Institute for Cancer Outcomes and Survivorship (ICOS) and the UAB Comprehensive Cancer Center. The clinic is open to all survivors of childhood cancer regardless of their age,

although the patient population is primarily age 5 to 25 years. Interns will have the opportunity to gain experience in neuropsychological assessment including, diagnostic interview with patients and caregivers, designing a flexible assessment battery to address referral questions, test administration, scoring, and interpretation, report writing, and feedback with families to provide relevant recommendations. Interns also have the opportunity to provide outpatient consultation and work with the interdisciplinary TLC team to develop holistic care plans for patients.

Additionally, interns have the opportunity to complete consults and provide brief inpatient neuropsychological evaluations as well as engaging in cognitive remediation and parent training using evidence-based interventions based on family risk level. Interns also have opportunities to attend weekly interdisciplinary rounds (e.g., oncologists, nurse practitioners, social workers, psychologist, child-life specialists, teachers, school liaisons, chaplains, and expressive therapists) to learn more about the integration of medical and neuropsychological services. Additionally, students have opportunities to participate in ongoing research and quality improvement projects. Training goals are designed to fit intern's clinical and research interests.

Additional Rotation Opportunities

[Child/Pediatric Rotations](#)

[Adult Neuropsych Rotations](#)

[Adult Behavioral Health Rotations](#)

[Adult Generalist Rotations](#)

Therapy Cases: Interns maintain a minimum of 2 therapy cases throughout the year that are not part of their major/minor rotations. These cases are supervised by PTC faculty across the internship and may include PEERS®, UAB Psychiatry, cases from a previous rotation (e.g., from Children's of Alabama or adult rotation), Civitan-Sparks Psychology Clinic, etc. These cases are in addition to the case they carry at UAB Psychiatry.

Supervision

Interns receive a minimum of four hours of supervision per week, including at least two hours of individual supervision, though neuropsychology focused interns tend to receive more. Supervision is augmented by a wide variety of didactic seminars, observation of staff conducting clinical services, guided reading, and consultative support. Several opportunities for mentoring are available to the interns. In addition to their yearlong supervisor and rotation preceptors, interns have opportunities to pursue mentoring opportunities with other clinical faculty based on their research and clinical interests. Interns also participate in weekly individual and, when available, group supervision sessions. A vertical team approach is employed in some settings and interns may be provided opportunities to supervise undergraduate and graduate level psychology students.

Didactics and Other Training

1. All Neuropsychology-focused interns (adult and pediatric) participate in a required didactic seminar on Mondays from 2:00-3:00pm.
 - This seminar alternates among clinical case presentations (first week of the month), neuroanatomy and professional development (second week), ABPP-styled fact finding (third week), and the Neuropsychology & Cognitive Science Seminar (fourth week) where UAB or nationally invited guests provide research presentations to the UAB interns, doctoral students, and faculty. Interns are expected to be active presenters and participants, with at least one research presentation, several clinical case presentations, and multiple independent fact findings. These will be scheduled at the beginning of the internship didactic year.
2. Optional didactic for Pediatric Neuropsychology Interns: Neurodevelopmental Disabilities Core Lecture Series (weekly on Thursday at noon). UAB Leadership Education in Neurodevelopmental Disabilities (LEND) program, incorporates experience in advocacy, policy, and community outreach in addition to clinical training. More information regarding UAB LEND can be found [here](#).
3. All interns participate in a weekly didactic seminar led by faculty (Mondays, 4:00-5:00pm). Topics of the intern seminar span a variety of topics including: Theories and methods of assessment and diagnosis, and effective intervention (including empirically supported treatments); Theories and/or methods of consultation, evaluation, and supervision; Strategies of scholarly inquiry; and Issues of cultural and individual diversity that are relevant to all of the above. See the table below regarding topics that have been offered in previous years.
4. Other: As an academic medical center, UAB hosts many opportunities including Geriatrics, Gerontology, and Palliative Care Conference; Psychiatry Grand Rounds, Neurology Grand Rounds, Physical Medicine and Rehabilitation Grand Rounds, Neuroimaging Journal Club, Brain Cuttings, Adolescent Medicine Seminars and Online Curriculum, Pediatric Grand Rounds and Adolescent Psychiatry Grand Rounds, and Neurosciences seminar at UAB, among others. UAB and Children's of Alabama also host an Epilepsy Case Conference, and interns can attend the UAB Deep Brain Stimulation Surgical Planning Case Conference.

Topic	Presenter
Meeting with the Training Directors	Tiffany Nowell, Ph.D. & Sarah O'Kelley, Ph.D.
Applying for a Research Postdoctoral Fellowship	Caitlin Clevenger, Ph.D.
Telehealth	Sarah Rowe, Ph.D., Laura Nelson, Ph.D., & Katherine Jackson, Psy.D. .

Psychology in the Medical Setting	Casey Azuero, Ph.D.
Applying for Fellowships & Job Applications	Megan McMurray, Ph.D. & Sean Hollis, Ph.D.
Psychology in the Academic Setting	Burel Goodin, Ph.D.
Psychopharmacology- Part 1 (Affective Disorders)	UAB Psychiatry Resident
Psychopharmacology: Anxiolytics and Stimulants	UAB Psychiatry Resident.
Psychopharmacology- Part 2 (Psychotic Disorders)	UAB Psychiatry Resident
Ethics	Bob Campbell, Psy.D.
Professional Life Development Issues: Risk Management/HIPAA	Adrian Zebot, J.D., Risk Management Education Coordinator
Multicultural Issues & Psychotherapy- Part 1	Alison Thomas, Ph.D. & Tiffany Nowell, Ph.D.
Multicultural Issues & Psychotherapy- Part 2	Alison Thomas, Ph.D. & Tiffany Nowell, Ph.D.
Program Evaluation: What is it?	John Houser, Ph.D.
Program Evaluation: Methods and Implementation	John Houser, Ph.D.
Forensic Psychology Evaluations	Bob Campbell, Psy.D.
Supervision in Multicultural Competence in Evidence Based Practice	Alison Thomas, PhD & Kristen Smith, PhD.,
Running a Productive Research Lab	Merida Grant, Ph.D.
Supervision in Multicultural Competence in Evidence Based Practice	Tiffany Nowell, Ph.D., Alison Thomas, Ph.D. & Kristen Smith, Ph.D.
Recognition and Management of Concussions	Sean Hollis, Ph.D. & Matt Thompson, Psy.D., ABPP-CN
Unexplained Physical Symptoms	Daniel Marullo, Ph.D.
The Grant Application Process	Karen Cropsey, Psy.D.
Experimental Research Methods in Psychology	Justin Thomas, Ph.D., DBSM

INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

INTERNSHIP PROGRAM TABLES

Date Program Tables updated: August 2024

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values,	<p>_____ Yes</p> <p>___x___ No</p>
If yes, provide, website link (or content from brochure) where this specific information is presented:	N/A

Internship Program Admissions

<p>Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:</p>
<p>Candidates for UAB Psychiatry and UAB Child tracks must show verified progression within a doctoral program in Clinical Psychology that is APA-accredited (or in the process of APA accreditation with reasonable likelihood of success).</p> <p>Strong applicants to the training program possess both research productivity and clinical experience including intervention, direct assessment, and report writing. While there are no minimum required hours of assessment and intervention, applicants exceeding 600 total direct hours are more likely to be invited for interview, especially in the context of published research. Our settings and faculty offer training across a broad array of clinical experiences, including neuropsychology, Behavioral medicine, trauma recovery, and rehabilitation. We welcome applicants with primary interests in assessment, intervention, or both.</p> <p>We are strongly committed to building a diverse internship class and welcome applications from prospective trainees of varied ethnic, cultural, sexual orientation, and/or disability backgrounds.</p>
<p>Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:</p>
<p>Total Direct Contact Intervention Hours: x <u> N </u> <u> Y </u> Amount: <u>N/A</u></p> <p>Total Direct Contact Assessment Hours: x <u> N </u> <u> Y </u> Amount: <u>N/A</u></p>
<p>Describe any other required minimum criteria used to screen applicants: <u>N/A</u></p>

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns	\$27,479
Annual Stipend/Salary for Half-time Interns	N/A
Program provides access to medical insurance for intern?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If access to medical insurance is provided:	
Trainee contribution to cost required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Coverage of family member(s) available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Coverage of legally married partner available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Coverage of domestic partner available?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
Hours of Annual Paid Sick Leave	104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other benefits (please describe): N/A	

*Note: Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

Initial Post Internship Positions

Total number of interns who were in cohorts 2023 - 2025	14
Total number of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0

Primary Setting	Post-doctoral residency position	Employed position**
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center	1	
Military health center		
Academic health center	8	1

Other medical center or hospital		
Psychiatry hospital		
Academic university/department		2
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting	1	1
Not currently employed		
Changed to another field		
Other		
Unknown		

**Note: Information listed is not guaranteed to be up to date as position types may change.

Post-Internship Positions

2023-2024

Awaiting data

Awaiting data

Awaiting data

Awaiting data

Awaiting data

2022-2023

Awaiting data

Awaiting data

Awaiting data

Awaiting data

Research Fellowship – University of Wisconsin in Milwaukee

Graduate Schools of Previous Trainees

2024-2025

University of Florida
Pacific University
University of Mississippi
East Tennessee State University
Penn State University

2023-2024

Bowling Green State University
Georgia Southern University
University of Alabama
Washington State University
Virginia Consortium Program in Clinical Psychology

2022-2023

University of Alabama
University of South Alabama
Pennsylvania State University