Commentary: Internship Training

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Spirito et al. (this issue) provide a blueprint for discussion regarding the programmatic as well as competency-based skills necessary for psychologists to be recognized as pediatric psychologists. The purpose of the internship year is to complete training in the general practice of clinical psychology and to extend specialty preparation in didactic instruction, research, and clinical practice in pediatric psychology. In this intensive year of primarily clinical experience-based training, an intern prepares for the role of a practicing pediatric psychologist within the scientist-practitioner model and eventually assumes responsibility for providing direct patient care.

We will now briefly discuss how the 11 areas of knowledge and skill competency proposed by Spirito et al. may be addressed during the year of predoctoral internship training. We have addressed these issues in our child internship program at the University of Alabama-Birmingham (UAB).

Foremost is the stipulated clinical supervision provided by internship faculty. Most internship sites provide didactic training in the form of attendance at seminars or grand rounds routinely provided to all faculty and trainees, in addition to seminars specifically provided to the predoctoral psychology interns. Some internship sites also support other training activities, such as attendance at scientific-professional meetings, and allow for a specific percentage of effort for research. At UAB, all interns participate in weekly didactic seminars ranging from presentation of current research by faculty members, to issues in professional development and review of empirically based treatment interventions. Interns also are required to formally present their research (e.g., dissertation, project with a faculty member at UAB) to the faculty. In addition, child psychology interns participate in weekly specialty seminars focusing on neurodevelopmental disabilities as well as monthly seminars in pediatric psychology/neuropsychology.

The first two areas outlined by Spirito et al. typically receive little or no formal attention at most internship sites: life span developmental psychology and life span developmental psychopathology. Few distinct formal elements in internship training focus on these areas. Most interns obtaining specialty training in pediatric psychology will have had at least one course each in developmental psychology and psychopathology. Internship experience might provide opportunities for observing normally developing children as well as employing a developmental approach in the supervision process.

Thus, internship training will primarily reinforce the acquired knowledge base in the context of clinical experiences both in settings (e.g., hospital-based inpatient, outpatient, ambulatory hospital clinic), as well as specific therapy cases. An example would be conceptualizing an individual child's reaction to medical treatment for cancer in view of demonstrated cognitive toxicities and emotional issues related to the disease. Another example might be basing a diagnostic assessment protocol on a particular contemporary theory of attention-deficit hyperactivity disorder (ADHD). Moreover, many supervisors will have the intern review empirical literature in developmental psychology and psychopathology relevant to each case. However, the coverage of these two areas will vary across internship sites as well as between supervisors within a participating internship site.

Few internship sites have formal training components devoted to research methods and systems evaluation. Adding explicit research training at the site is not the norm at the majority of internship sites. Nonetheless, some sites allow for research activities, by setting aside up to 1 day per week to be devoted to research and requiring all interns to complete a project during the year. The site may also support the intern presenting research at a conference. We believe this approach is valuable for reinforcing the scientist-practitioner role as the intern transitions from graduate school where research may have been readily espoused. The absence of some attention devoted to research training can suggest to the trainee that this role is only a theoretical notion. Therefore, even pri-
marily clinically-orientated internships should provide training in conducting clinical research. At UAB, we encourage the development of clinical research skills by providing interns with didactic seminars as well as training opportunities using clinical and research protocols for neurocognitive and psychosocial assessment related to specific chronic illnesses (e.g., bone marrow transplant, cancer late effects).

Child, adolescent, and family assessment interview strategies typically receive a good deal of attention at the internship site. Assessment, whether at the individual child or family level, is of course one of the major activities of the practicing pediatric psychologist. Typically, interns conduct supervised assessments throughout the year through a variety of formats including rotations devoted specifically to assessment (e.g., neuropsychology), outpatient pediatric settings, or consultation to pediatric inpatient services. Some internship sites offer seminars addressing current practices in diagnostic assessment with various medical populations. Case conferences are also common at internship sites, where discussion of assessment is notable. Thus, through experience, feedback, and seminars, competence in assessment usually increases substantially during the course of the internship year. At UAB, child psychology interns have three major rotations that allow for experience in both outpatient and inpatient settings with a variety of clinical populations (e.g., ADHD, brain tumor, bone marrow transplant, leukemia, traumatic brain injury, spinal cord injury, newborn follow-up) across the life span. Initially through observation of faculty and more senior trainees (e.g., postdoctoral fellows) and later more autonomously, interns learn how to design appropriate assessment batteries, sensitive to the child’s developmental level, ethnic background, and medical condition.

Graduate coursework provides some initial foundation for professional, clinical, and legal issues pertaining to children, adolescents, and families, upon which the intern can build during the internship year by learning more about the intricacies and potential obstacles when working with chronically ill children and adolescents within a medical or community setting. Interns can fill gaps in their knowledge through assigned readings and seminars, but the best form of instruction is ongoing mentoring by a seasoned pediatric psychologist. At UAB, as an observer, the intern becomes increasingly more independent and is able to identify potential concerns (e.g., the right of the adolescent to participate in treatment decisions) in the design of appropriate interventions (e.g., management of acute procedural distress).

Sensitivity to issues of diversity is a crucial component for ensuring appropriate use of assessment and interventions for minority clients. While there is some debate on how multicultural issues should be addressed in graduate coursework, at the internship level, they are often addressed formally through seminars and informally through supervision of individual cases with minority patients. At UAB, diversity exposure is provided in several formal ways. Interns are required to participate in a 2-day workshop with medical residents on multicultural issues. Additionally, to enhance both knowledge and skill competency in conducting psychotherapy with minority populations, interns also are provided with didactics taught by minority faculty and are strongly encouraged to include patients from diverse backgrounds in their clinical caseload.

There is no better way to learn about the role of multiple disciplines in service delivery systems than being mentored by a supervising pediatric psychologist in both the hospital and community clinic setting. Interns should be encouraged to work closely with other team members by participating in both medical and psychosocial rounds. This provides them with an appreciation of the roles and practices of other members of the multidisciplinary team (e.g., social worker, child life specialist, speech/language therapist). After the pediatric psychology rotation at UAB, the interns are assigned to a specific medical team (e.g., bone marrow transplant) and are able to staff patients independently with the psychosocial team. They also become more proficient in learning how to communicate effectively with a variety of professionals through written consultations. Other systems in which pediatric psychology interns might gain additional experience include schools, health maintenance organizations, day cares, and community organizations.

With increased emphasis on prevention, family support, and health promotion, interns need to be provided with opportunities to participate in clinical settings where they are assigned the task of teaching and supporting health promotion activities (e.g., smoking cessation) for chronic illnesses. However, this activity is often neglected in internship training. Health promotion programs for children are more typically provided through the public schools rather than tertiary medical centers. The exception might be a specific grant-funded program (e.g., screening and prevention of high-risk sexual behavior) conducted at the medical center.

Over time, the consultation and liaison role of the pediatric psychologist has expanded from providing services in the tertiary care or hospital setting to providing consultation and working closely with pediatricians in the primary care or community setting. The key to successful consultation in either the primary care or com
munity setting is the development of effective oral and written communication skills. Interns need to observe the pediatric psychologist in several roles to gain a better understanding about how to present cases, communicate with professionals, and educate the community (e.g., providing teachers with a school reentry program for a child who has been treated for cancer, burn injury, traumatic brain injury, or spinal cord injury). Our interns at UAB learn to serve as liaisons between the medical team and school personnel and to facilitate the community reentry process for chronically ill children as well as those youths who have sustained a traumatic brain injury.

To work effectively with medical personnel and families, the intern must understand specific disease processes and medical management. For most trainees, the internship year is the first opportunity to learn more about specific illnesses and their treatment (e.g., leukemia). At UAB, this is achieved through readings, seminars, and participation in clinical activities. Interns also are provided with opportunities to actively participate on specific medical teams (e.g., bone marrow transplant, pulmonary), to follow patients from diagnosis through hospitalization, and to continue to participate in children’s care on an outpatient basis. Trainees learn to conceptualize cases both at an individual and systems level utilizing existing models of social ecology, biopsychosocial, and family systems (e.g., Bronfenbrenner, 1977; Wallander & Varni, 1997). Facilitating the child’s reentry into the community is a crucial component for the long-term adjustment of the child. Accordingly, the intern is integrally involved in the process.

In conclusion, the proposed training goals provide a good formulation. However, because of the variability across internship training sites in this country, we need to progress toward developing consistent guidelines for both the horizontal and vertical elements of specialized training in pediatric psychology. It is time for pediatric psychology to develop a set of consistent training criteria so that we may assure adequate internship training for the next generation of pediatric psychologists. We are grateful for the efforts of Spirito et al. in developing the foundation for training criteria.

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References