



THE UNIVERSITY OF
TENNESSEE
HEALTH SCIENCE CENTER.

PROFESSIONAL PSYCHOLOGY INTERNSHIP CONSORTIUM

An APA-Accredited Program



2024-2025

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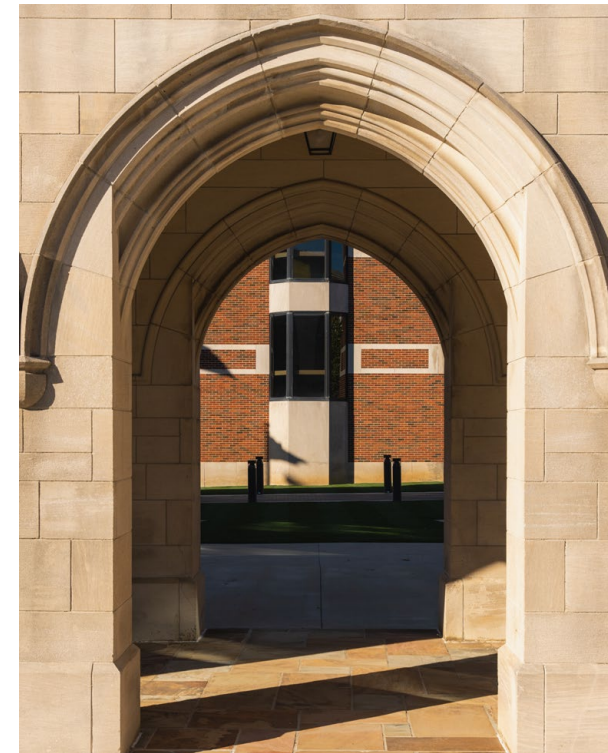
INTRODUCTION

The University of Tennessee Professional Psychology Internship Consortium is one of the oldest APA-accredited internship sites in the U.S., accredited since 1956. The Consortium consists of several cooperating programs and agencies which offer a broad range of field experiences for qualified doctoral students in professional psychology. All agencies are described in the body of this brochure. The UT Health Science Center Department of Psychiatry plays a central role in administration, supervision, and seminars, as well as offering clinical experiences.

The program is individually designed but functions within the constraints required by funding commitments and agency affiliations. Clinical and didactic experiences are required. The program consists of three (3) rotation periods of approximately sixteen (16) weeks each. These rotations are usually split into major (up to 24 hours per week) and minor (up to 12 hours per week) placements. Some of the major rotation sites may also provide minor rotations as noted in the brochure. Times are set aside for seminars, supervision, staff meetings, and additional selected learning experiences (e.g., workshops). We offer three training tracks: a General Track, a St. Jude Pediatric Track, and a St. Jude Neuropsychology Track, which will be described further in this brochure. Applicants may apply to any or all tracks.

Applicants with diverse backgrounds are encouraged to apply. The program accepts applicants from clinical, counseling, and school psychology programs and gives preference to applicants from APA-accredited schools. Potential interns are required to have completed 3 years of graduate training and must be certified as ready for internship by the Director of Training of their graduate program. While our preference is for applicants to have completed at least 200 intervention hours and 150 assessment hours by the beginning of internship, **we realize that many applicants will have accrued fewer hours as the result of work stoppage and closures due to COVID-19. This will be taken into account when reviewing applications.**

Value is placed on knowledge or training in evidence-based practices as well as interest and experience in the practice areas represented in the Consortium. The program is APA-accredited and extends for one calendar year. Please see page 35 for recent admissions, support, and initial placement data.



UT HSC PROFESSIONAL PSYCHOLOGY INTERNSHIP CONSORTIUM

Questions related to the program's accredited status should be directed to the Commission on Accreditation:
Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: 202.336.5979 | E-mail: apaaccred@apa.org
[apa.org/ed/accreditation](https://www.apa.org/ed/accreditation)

PHILOSOPHY AND AIMS

The University of Tennessee Professional Psychology Internship Consortium provides interns with an integrated, individually tailored, balanced, and coordinated series of learning experiences. The program follows a scholar-practitioner model with a focus on direct clinical practice that is supported by the current psychological literature. The overarching aim of the program is to prepare advanced doctoral level practitioners to provide evidence-based, culturally sensitive psychological services to diverse populations in a variety of settings, by providing experiences and skills needed to function competently as a broadly trained clinical psychologist. The internship aims to provide opportunities for interns to practice and expand on previously held knowledge and skills, develop new skills and knowledge, and experience personal and professional growth that contributes to the development of a competent, professional psychologist. Interns are provided with broad training experiences to ensure the development of core competencies, as well as focused opportunities to pursue depth into specific areas of interest in the practice of clinical psychology.

To achieve these aims, interns are expected to achieve the following competencies by the end of the internship year:

1. Professional Values and Attitudes
2. Individual and Cultural Diversity
3. Communication and Interpersonal Skills
4. Psychological Assessment
5. Psychotherapeutic Interventions
6. Consultation and Interprofessional/Interdisciplinary Skills
7. Supervision
8. Research Evaluation and Dissemination
9. IEthical and Legal Standards

The orientation program at the beginning of the internship year acquaints the intern with the Consortium components as well as most potential supervisors. The training program is individually planned with each intern, with the recommendations of their Training Director taken into account. Each intern's training plan is reviewed quarterly and modified appropriately.

The intern will have a variety of major and minor training experiences during the year with a number of different supervisors, thus being exposed to the broad range of theoretical orientations and viewpoints which exist in the training program.

A typical intern's rotation schedule for the whole year might look something like this:

	Rotation 1	Rotation 2	Rotation 3
Major (20-24 hours per week)	Center on Developmental Disabilities (CDD)	UTHSC Center of Excellence for Children in State Custody	UTHSC Division of Child and Adolescent Psychiatry
Minor (8-12 hours per week)	UTHSC Division of Child and Adolescent Psychiatry	West Tennessee Forensic Services	St. Jude Neuropsychology
Add-ons (Not required)	PCIT Clinic	PCIT Clinic Child Psychiatry (continuing clients from prior rotation)	PCIT Clinic

Major rotations are assigned to incoming interns because of fiscal support by those programs. Every effort is made to match required rotations with intern preferences and needs. The other rotations are chosen by the intern in conjunction with the program administrators. Therapy clients (required of all interns) may be variously obtained, either through major or minor rotations or through add-on experiences. Doctoral dissertation research may be pursued by arrangement.

In addition to major, minor, and add-on rotations, interns will receive a minimum of 4 hours of supervision per week across their training sites. Supervision formats include live supervision, modeling-preceptor approaches, group supervision, and close informal relationships with staff. Interns also attend a weekly comprehensive seminar series throughout the year. Additional didactic opportunities are available as part of specific rotation experiences or as add-ons.

Continuing the above example, the weekly schedule for this intern during first rotation might look like this:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00 am	Center on Developmental Disabilities	Center on Developmental Disabilities	Center on Developmental Disabilities	West Tennessee Forensics	Comprehensive Seminar
9:00 am					PCIT Group Supervision
10:00 am					
11:00 am					
12:00 am					
1:00 pm		West Tennessee Forensics		Center on Developmental Disabilities	
2:00 pm					
3:00 pm					
4:00 pm	PCIT Case				
5:00 pm	PCIT Case				

Major = Center on Developmental Disabilities
 Minor = West Tennessee Forensic Services
 Add-on = PCIT Clinic

SEMINARS AND CONFERENCES

All interns are required to participate in a comprehensive seminar series throughout the year. This seminar series covers a variety of topics such as crisis intervention, supervision, psychotropic medication, cultural diversity, and professional and legal/ethical issues. Some seminar sessions are held jointly with the Memphis VA Internship, while others are held separately. Additional didactic opportunities such as grand rounds and case conferences are available through individual agencies including St. Jude Children's Research Hospital, Le Bonheur Children's Hospital, the VA Medical Center, and the UTHSC Department of Psychiatry.

Interns are encouraged to attend local and national conferences when the opportunity arises. Individual consortium agencies may provide opportunities for interns to attend trainings and conferences as well. Opportunities for networking with local professional groups, such as the Memphis Area Psychological Association, will be shared with interns whenever possible.



PROGRAM CHARACTERISTICS

1. Interns are given maximum opportunity to assume increasing professional responsibility, with appropriate supervision, as their skills and knowledge grow over the year.
2. Each intern's training schedule is worked out in as flexible, mutually designed and agreed-upon manner as possible.
3. The internship year experiences are developed to meet the intern's professional needs and to provide maximum personal development.
4. Planned interaction among all interns in supervision, seminars, etc. is an integral part of this training program.
5. Trainees and their responsible program supervisors meet regularly to monitor and assess the interns' progress.
6. Supervision (a minimum of four hours per week) is mostly in individual patterns.
7. Referrals for individual therapy for interns are available.
8. Doctoral research time is permitted, and up to 144 hours of official training time may be allotted to this activity.

Note: The consortium agencies listed in this brochure and the training experiences they offer are current as of September 2023. Since the COVID-19 pandemic, training experiences have varied, with some therapy experiences taking place via telehealth platforms and interns doing some of their office/administrative work from home. Currently, most work occurs in the office. However, it is difficult to predict exactly what proportion of clinical experiences will occur in-office versus virtually in August 2024. The UTPPIC Training Committee will continue to work to provide the best training experiences possible for interns, while keeping safety as a priority.

ADMINISTRATION

Interns must meet individual requirements of training agencies, but there is consistency in the standards for, and administration of, evaluation procedures, rotation selection, and training goals to ensure high quality and comparable experiences for all students.

The overall training program is coordinated by the Consortium Administrative/Training Committee, headed by Melissa Hoffmann, Ph.D., Director of the Internship. The Committee is comprised of directors of training and agency chiefs (or their designees) from all Consortium agencies and intern representatives. The Committee meets regularly to discuss broad training issues, set policies, coordinate a smooth training experience for interns, evaluate intern progress, and evaluate the internship program.

SETTING

Memphis, on the Mississippi River, is a community consisting of a population of approximately 700,000 persons in the city proper, and over 1,000,000 persons in the immediate metropolitan area. The city serves as a center for business, health, educational, recreational, and cultural activities for the Mid-South area (Tennessee, Arkansas, and Mississippi). Most of the Consortium agencies are located within what is known as the Medical District. This district contains the campus of the University of Tennessee Health Science Center, Le Bonheur Children's Hospital, the UTHSC Department of Psychiatry, and other related health service and education agencies. Most Consortium agencies not located in the Medical District are only a few miles away.



DEPARTMENT OF PSYCHIATRY

THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER

The University of Tennessee Health Science Center, College of Medicine, and Department of Psychiatry core faculty and staff are housed at the Department of Psychiatry's main office suite, as well as in other geographic locations on campus such as the Division of Child and Adolescent Psychiatry.

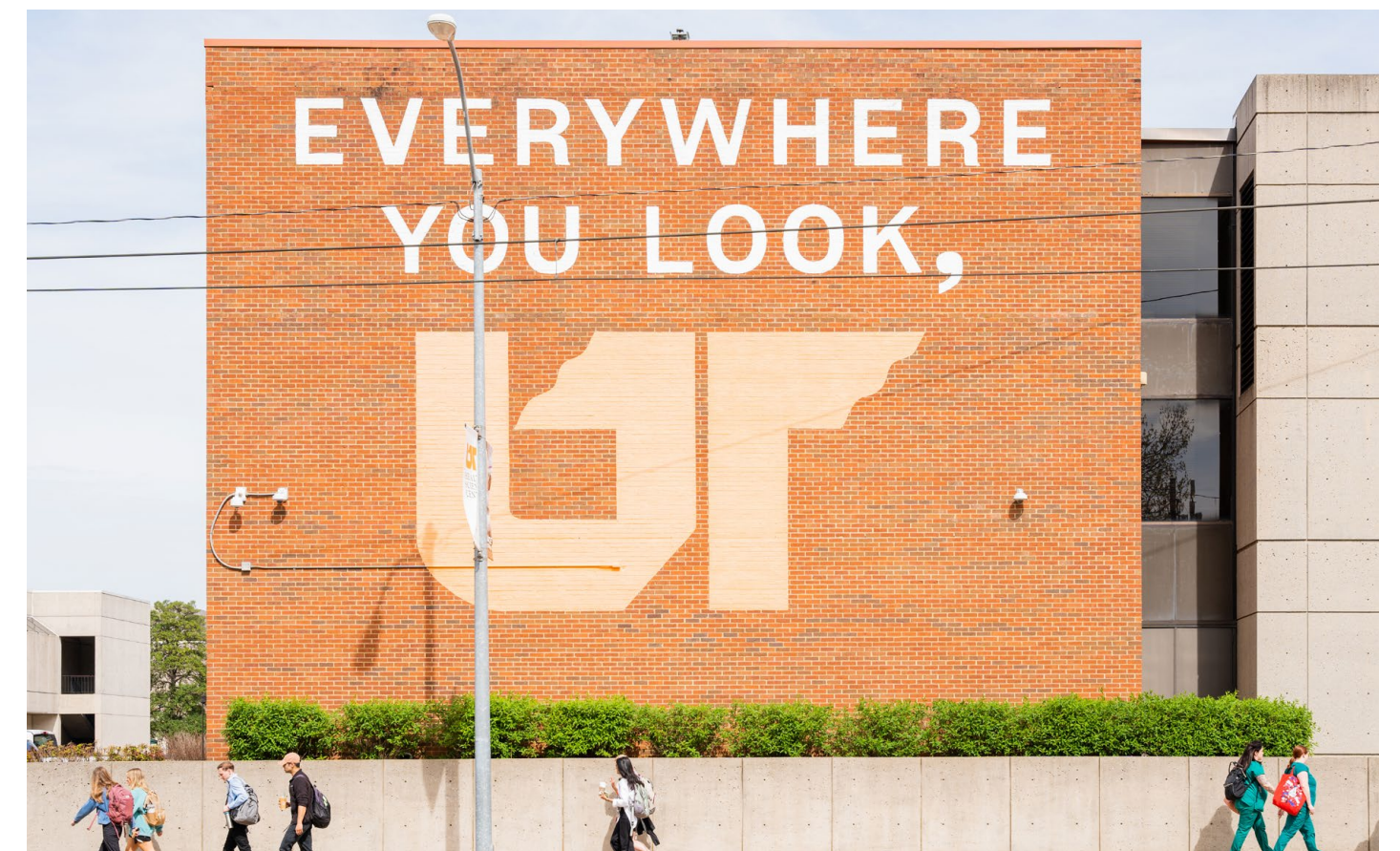
The Department of Psychiatry sponsors a range of services, including a lowered-fee adult psychiatry clinic, largely staffed by psychiatry residents; and an outpatient child and family therapy training clinic administered by the Division of Child and Adolescent Psychiatry.

The University of Tennessee Health Science Center does not discriminate or restrict program access on grounds that are irrelevant to success. All qualified applicants will receive equal consideration for employment and admissions without regard to race, color, national origin, religion, sex, pregnancy, marital status, sexual orientation, gender identity, age, physical or mental disability, or covered veteran status.

Eligibility and other terms and conditions of employment benefits at The University of Tennessee are governed by laws and regulations of the State of Tennessee, and this non-discrimination statement is intended to be consistent with those laws and regulations.

In accordance with the requirements of Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, The University of Tennessee affirmatively states that it does not discriminate on the basis of race, sex, or disability in its education programs and activities, and this policy extends to employment by the University.

Inquiries and charges of violation of Title VI (race, color, national origin), Title IX (sex), Section 504 (disability), ADA (disability), Age Discrimination in Employment Act (age), sexual orientation, or veteran status should be directed to the Office of Equity and Diversity (OED), 920 Madison Avenue, Suite 825, Memphis, Tennessee 38163, telephone 901.448.7382 (V/TTY available). Requests for accommodation of a disability should be directed to the ADA Coordinator at the Office of Equity and Diversity.



CONSORTIUM AGENCIES

CENTER ON DEVELOPMENTAL DISABILITIES (Major Rotation)

The UTHSC Center on Developmental Disabilities (CDD) is a federally funded program identified as a University Center for Excellence in Developmental Disabilities (UCEDD) and a Leadership Education in Neurodevelopmental and Related Disabilities (LEND) program. As such, the CDD provides interdisciplinary training for a variety of health professions, including psychology, developmental pediatrics, speech-language pathology, audiology, social work, nutrition, nursing, occupational therapy, and physical therapy. Clients are culturally diverse and typically present with complex developmental and medical problems. Interns will receive exposure to a variety of presenting problems in children, with emphasis on early detection and differential diagnosis for developmental disabilities, such as Autism Spectrum Disorder, Intellectual Disability, Global Developmental Delay, Attention-Deficit/Hyperactivity Disorder, disruptive behavior disorders, Language Disorder, and internalizing disorders. The CDD rotation focuses on psychological and interdisciplinary evaluations and diagnostic interviewing.

Participating in interdisciplinary educational and training seminars at the CDD is required. In conjunction with the CDD supervisor, each intern also presents a recent professional journal publication relevant to the field of developmental disabilities and psychology to an interdisciplinary audience, and then facilitates discussion among trainees and professionals. Participation in program evaluation activities is also required. Based on intern training background, opportunities may be available for interns to supervise others in assessment.

Although not part of the weekly CDD schedule, specialized programs available for observation are: Developmental Pediatrics Clinic, ADHD Clinic, Scottish Rite Clinic for Childhood Language Disorders, Inborn Errors of Metabolism Clinic, Relative Caregiver Program, and Supported Parenting Classes for parents with Intellectual Disabilities or Limited Learning. Opportunity for participation in other community-based activities, such as Disability Day on the Hill, are also available.

Research: CDD psychologists are actively engaged in applied research. Most often this research focuses on differential diagnosis of Autism Spectrum Disorders, Intellectual Disabilities, Attention-Deficit/Hyperactivity Disorder, or dual-diagnosis of these conditions. The reliability, validity, and overall psychometric utility of a variety of behavioral and cognitive instruments are closely examined in this process. While it is difficult for an intern to design a study, prepare paperwork for the Institutional Review Board, collect, and analyze data, and write a manuscript during a single rotation, it is possible to join the psychologists' on-going research projects.

Supervisors: Leah Goldstein, Psy.D.; Bruce Keisling, Ph.D.; Colby Taylor, Ph.D.



CENTER OF EXCELLENCE FOR CHILDREN IN STATE CUSTODY (Major Rotation)

The UTHSC Center of Excellence for Children in State Custody (COE) is part of a statewide network of pediatric referral centers established in coordination with the Tennessee Department of Children's Services (DCS) and TennCare (Tennessee's Medicaid program) to serve children in state custody and those at risk of entering state custody. The UTHSC COE is intended to assist DCS and community providers in West Tennessee by improving health and behavioral health services for these children through direct and consultative means. The UTHSC COE is comprised of an interdisciplinary clinical staff, including psychology, psychiatry, developmental pediatrics, social work, speech-language pathology, and educational advocacy. Referrals to the COE are made primarily from DCS case managers. Referrals are made for the following reasons:

- When a case is complex and there are diagnostic and mental health concerns.
- When there are conflicting diagnoses among health service providers.
- When a comprehensive review of the child's history (behavior, treatment, placement) would assist in determining the child's current needs.
- When an evaluation or examination would add information needed for placement and treatment recommendations.
- When there is concern about a developmental delay.
- When there is concern about psychoactive medications.

The main, direct service provided by the UTHSC COE is the evaluation of children who have entered or are at risk of entering foster care. This is also the primary service that pre-doctoral interns participate in. Once referred, a comprehensive record review is completed for the child. This includes summarizing the child's previous educational, medical, mental health, legal, and DCS records. Completing a record review may also involve gathering additional information from the child's DCS case manager, teacher, therapist, and/or caregivers.

Evaluations frequently include multiple disciplines, and the interdisciplinary team conceptualizes each case together during staff meetings. Reports include interdisciplinary conceptualizations and specifically tailored recommendations regarding educational, placement, mental health, and medical needs. The UTHSC COE prepares a single multidisciplinary report written together by the team members who assessed the child. Feedback is then provided to DCS and others, as appropriate. Following a child's evaluation, consultative assistance is provided for the case through monthly follow-up calls. Through these calls, the UTHSC COE can facilitate recommendation implementation, address barriers to services, provide support to DCS staff, and brainstorm additional services if needed.

Interns will complete several record reviews and evaluations during the UTHSC COE rotation. The intern's evaluation experience typically includes assessment of social-emotional, behavioral, adaptive, cognitive, and academic functioning. Given the prevalence of traumatic experiences within the served population, trauma symptoms are frequently assessed through diagnostic interviews and self-report measures. The UTHSC COE accepts referrals for children ages 0-17. During the rotation, interns may assess: Trauma- and Stressor-Related Disorders (e.g., PTSD), Intellectual Disability, Borderline Intellectual Functioning, Global Developmental Delay, Attention-Deficit/Hyperactivity Disorder, Learning Disorders, Disruptive Behavior Disorders, and Internalizing Disorders. Interns will have the opportunity to observe/learn about speech-language, psychiatric, and developmental pediatric assessments. Although intermittent, other possible assessments in multidisciplinary evaluations include Problematic Sexual Behaviors, Psychosis, and Autism Spectrum Disorder.

Through training at the UTHSC COE, interns will enhance their skills in psychological assessment, diagnostic interviewing, differential diagnosis, integrated and multidisciplinary report writing, interdisciplinary staffing, tailoring of recommendations, collaboration with community agencies, and knowledge of child trauma and the impact of those experiences on child development.

Supervisor: Kelsey Maloney, Ph.D.



PARENT-CHILD INTERACTION THERAPY (PCIT) CLINIC (Add-on Rotation)

The Parent-Child Interaction Therapy (PCIT) Clinic is maintained through the UTHSC Center of Excellence for Children in State Custody (UTHSC COE) and provides an evidence-based treatment model (Eyberg and Funderburk, 2011) with highly specified, step-by-step, live-coached sessions with both the caregiver(s) and the child. Caregivers learn skills through PCIT didactic/teach sessions, and, using a transmitter and receiver system (bug-in-the-ear device), the caregiver is coached in specific skills as they interact in specific play with the child. The therapist provides coaching from behind a one-way mirror. The emphasis of treatment is on changing negative caregiver-child patterns by improving the relationship between caregivers and their children and honing consistent discipline practices. PCIT is one of the most effective treatments known for children with behavior problems between the ages of 2 and 6 years.

The PCIT Clinic serves children functioning at the age of 2-6 years and their families. Primary/secondary diagnoses typically include disruptive behavior disorders, although children with autism spectrum disorders, developmental delays, or internalizing disorders are also served. Clients are referred to the PCIT Clinic from the Center of Excellence (COE) and CDD evaluations, as well as from the community. The typical population served is diverse in ethnicity and socioeconomic status.

The PCIT Clinic is managed and supervised by licensed psychologists who have training and expertise in the PCIT model. Clinic trainees may span the pre-doctoral, postdoctoral, and professional level.

The PCIT Clinic is an add-on experience that most often requires participation throughout the entire training year. Although the time commitment varies throughout the year, most trainees spend 4-8 hours per week (in excess of consortium required hours) completing work for this rotation and evening work is required. This rotation includes didactic and experiential trainings on the PCIT protocol, as well as direct clinical service provision with live supervision. Additionally, interns participate in group supervision throughout the training year. This clinic most often uses the co-therapy training model. The training model is consistent with PCIT International Training Guidelines for developing necessary competencies as a PCIT therapist.

Supervisors: Liz Paiml, Ph.D. | PCIT International Certified Within Agency Trainer; Kelsey Maloney, Ph.D.



TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY (TF-CBT) CLINIC

(Add-on Rotation)

TF-CBT is an evidenced based treatment for children and adolescents and their caregivers who have experienced traumatic events and are experiencing symptoms of posttraumatic stress (Cohen, Mannarino and Deblinger, 2017). TF-CBT is a components-based model and has been proven to effectively address the impacts of trauma through psychoeducation, skill building, and processing of the traumatic event. It can be used with children and adolescents who have experienced a single trauma or multiple traumas throughout their lives. Caregiver involvement is a key component to TF-CBT.

The UTHSC Center of Excellence for Children in State Custody (COE) maintains a TF-CBT Clinic for the purpose of training psychology interns and postdoctoral fellows in the model. The clinic serves youth aged 3-17 and their caregivers. Clients may be referred from the COE, the UTHSC Division of Child & Adolescent Psychiatry, or the community. Clientele are diverse in ethnicity and socioeconomic status.

The TF-CBT Clinic is an add-on experience and requires completion of a 10-hour online TF-CBT training and attendance at a local multi-day TF-CBT training (sponsored by the COE) prior to seeing clients. Length of treatment for an individual client generally runs from 8-26 sessions. Supervision is provided by a Licensed Clinical Social Worker with extensive experience in TF-CBT. Supervision is primarily provided in a group format.

Supervisor Melissa James, LCSW



CHILD AND ADOLESCENT PSYCHIATRY

(Major and Minor Rotations)

The Division of Child and Adolescent Psychiatry offers major and minor rotations for individuals interested in gaining experience in providing therapy to children and adolescents and their families.

The UTHSC Child and Adolescent Psychiatry Psychotherapy Clinic is the primary psychotherapy training program of the Division of Child and Adolescent Psychiatry. It is organized to provide services to children, adolescents, and their families and to offer clinical training for psychology interns and child psychiatry fellows. Although the clinic is designed specifically to assist troubled children and adolescents, the emphasis is on a family approach to treatment. The philosophy of the clinic is to view each person as an important part of a total family system, not as an isolated individual. This approach reflects the belief that the family can provide the strongest support for the patient and stimulate and hasten the process of change.

Experiences in the clinic will include family and individual therapy with children and adolescents of all ages and presenting problems. Multidisciplinary staffing and teaching conferences are also available. Supervision generally includes individual and group models as well as live supervision. Reading material regarding child and family therapy will be provided, and trainees will have the opportunity to observe one another during therapy sessions to increase opportunities for learning.

Interns completing a minor rotation will receive all their experience in the UTHSC psychotherapy clinic. Interns completing a major rotation will provide therapy services at the UTHSC clinic as well as at a satellite clinic location. Interns on a major rotation will also work closely with child psychiatry fellows and child psychiatry faculty as part of the Consultation/Liaison service for Le Bonheur Children's Hospital three mornings a week. This experience includes diagnostic interviewing of youth admitted to the hospital for medical reasons and referred to psychiatry for consultation as well as short-term mental health intervention with youth while they remain in the hospital.

Supervisor: Melissa Hoffmann, Ph.D.



MEMPHIS VETERANS AFFAIRS MEDICAL CENTER

(Minor Rotation)

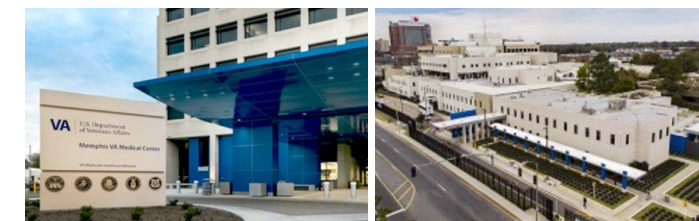
The Memphis VA Medical Center is a tertiary care facility with a large outpatient primary care program. The medical center provides a full range of care to medical, psychiatric, rehabilitation, spinal cord injury, and surgical patients. It is designated as a Dean's Committee facility and, therefore, maintains a strong teaching affiliation with the University of Tennessee Health Science Center, College of Medicine.

The Mental Health Service houses the Psychology Training Program that, in addition to being a member of the Consortium, has an APA-accredited Psychology Internship with Emphasis Areas in Clinical Psychology and Clinical Health Psychology and a Major Area of Study in Clinical Neuropsychology. In addition to the seven predoctoral internship positions, the Psychology Training Program offers nine postdoctoral fellowship positions. Applicants who wish to be considered for selection as a funded VA intern should apply directly to the Memphis VAMC Internship Training Program.

The Psychology Training Program staff currently includes 34 doctoral-level psychologists and two clinical social workers. The staff is heterogeneous in terms of educational and theoretical backgrounds, which makes possible a wide range of orientations for instruction, observation, role modeling, and professional development. Members of the psychology staff participate fully in the psychiatry, spinal cord injury, mental health, primary care, medical, surgical, and consultation services of the Medical Center.

Training experiences are offered to psychology interns in the areas of clinical health psychology, clinical psychology, and clinical neuropsychology. Training opportunities in clinical psychology include inpatient psychiatry, outpatient mental health, trauma recovery programs (residential and outpatient) family/couples therapy, chemical dependency, and group and individual psychotherapy. Opportunities for training in clinical health psychology include the areas of oncology, geriatrics, palliative care, primary care, women's health, health behavior coaching, home health, sleep medicine, and spinal cord injury. Clinical neuropsychology training includes opportunities with both inpatient and outpatient populations.

Supervisor: Sarah Ramsey, Ph.D.; Director, VAMC Psychology Training Programs



ST. JUDE CHILDREN'S RESEARCH HOSPITAL

(Major and Minor Rotations)

St. Jude Children's Research Hospital is a private, non-profit children's research hospital and is one of the world's premier pediatric cancer research centers. Approximately 7,500 patients are seen at St. Jude each year, most of whom are treated on a continuing outpatient basis as part of ongoing research programs. The hospital also has 78 beds for patients requiring hospitalization during treatment. St. Jude has treated children from all 50 states and from around the world.

The Department of Psychology & Biobehavioral Sciences at St. Jude provides training in assessment and intervention with children, adolescents, and young adults with catastrophic illnesses including cancer, sickle cell disease, other hematological disorders, and HIV/AIDS. Approximately 1,100 assessments and 750 initial consults are conducted each year, with ongoing psychological care provided to many of these patients. Current staffing includes 14 doctoral level psychologists, 6 neuropsychologists, 6 masters level psychological examiners, 3 clinical postdoctoral fellows, and 4 research postdoctoral fellows. Interns will be assigned a primary supervisor but will have opportunity to be supervised by multiple attending psychologists and neuropsychologists during the course of their rotation.

For the Pediatric Psychology Track, clinical training opportunities include, but are not limited to, inpatient/outpatient consultation and liaison, inpatient/outpatient individual and family therapy, non-pharmacological pain management interventions, health and behavior assessment and intervention, management of procedural distress, pill swallowing training, and young child assessment and intervention. An add-on training experience (4 hours/week) in research is available. Participation in medical, psychosocial, and hospital grand rounds is available to trainees. Interns will be required to attend a weekly psychology trainee didactics meeting and psychology rounds.

During this rotation, interns will gain expertise in the delivery of cognitive-behavioral and behavioral interventions to address typical presenting problems in pediatric populations. Proficiency will also be developed in consulting and collaborating with multi-disciplinary teams, including physicians, nurses, social workers, rehabilitation professionals, and others involved in the care of their patients.

For the **Pediatric Neuropsychology Track**, interns will gain experience in comprehensive neuropsychological assessment that includes the following skills: medical record review (including access to repeat neuroimaging), clinical interviewing to ascertain pertinent historical information, administration and interpretation of neuropsychological instruments, case conceptualization including integration of brain-behavior relationships, provision of feedback to patients and their families, comprehensive report writing, consultation with health care professionals, and development of recommendations that seek to ameliorate the impact of brain dysfunction on academic and social functioning.

ST. JUDE continued

Clinical populations served by St. Jude present with a wide range of cognitive difficulties (focal and diffuse neurological insult related to primary diagnosis and/or treatment) including problems with attention, executive functioning, memory, language, visuospatial reasoning, and psychosocial adjustment that will afford interns with broad-based training. Patients range in age from birth through young adulthood. Interns will have the opportunity to participate in school re-entry planning and Individualized Education Program (IEP) development, often in coordination with the St. Jude School Program.

Other clinical opportunities for the pediatric neuropsychology intern include, but are not limited to, serial neurocognitive surveillance (e.g., with children and adolescents with Sickle Cell Disease), brief bedside assessment with inpatients for monitoring recovery following acute neurologic events, brief therapeutic interventions and cognitive remediation, young child assessment, and consultation with medical providers, rehabilitation professionals, school personnel, child life specialists, and social workers. An add-on training experience (4 hours/week) in research is available. Interns will be expected to attend a weekly trainee didactics meeting and psychology rounds. Opportunities for attending multi-disciplinary team rounds are available.

One intern will be matched to the St. Jude Pediatric Psychology Track and one to the St. Jude Neuropsychology Track. Each intern will complete two major rotations and a minor rotation at St. Jude in their track. Minor rotations and research add-on opportunities may be available to interns from the General track as part of the Consortium schedule.

Note: Applicants for any clinical training role at St. Jude Children's Research Hospital, including graduate students, doctoral interns, and post-doctoral fellows, must pass a drug test and background check. The background check includes criminal, license/certificates/credentials, employment/education verification, and various abuse registries. Drug and background screenings are facilitated by St. Jude during onboarding. Applicants must have a health screen.

Supervisor Kendra Parris, Ph.D., Director



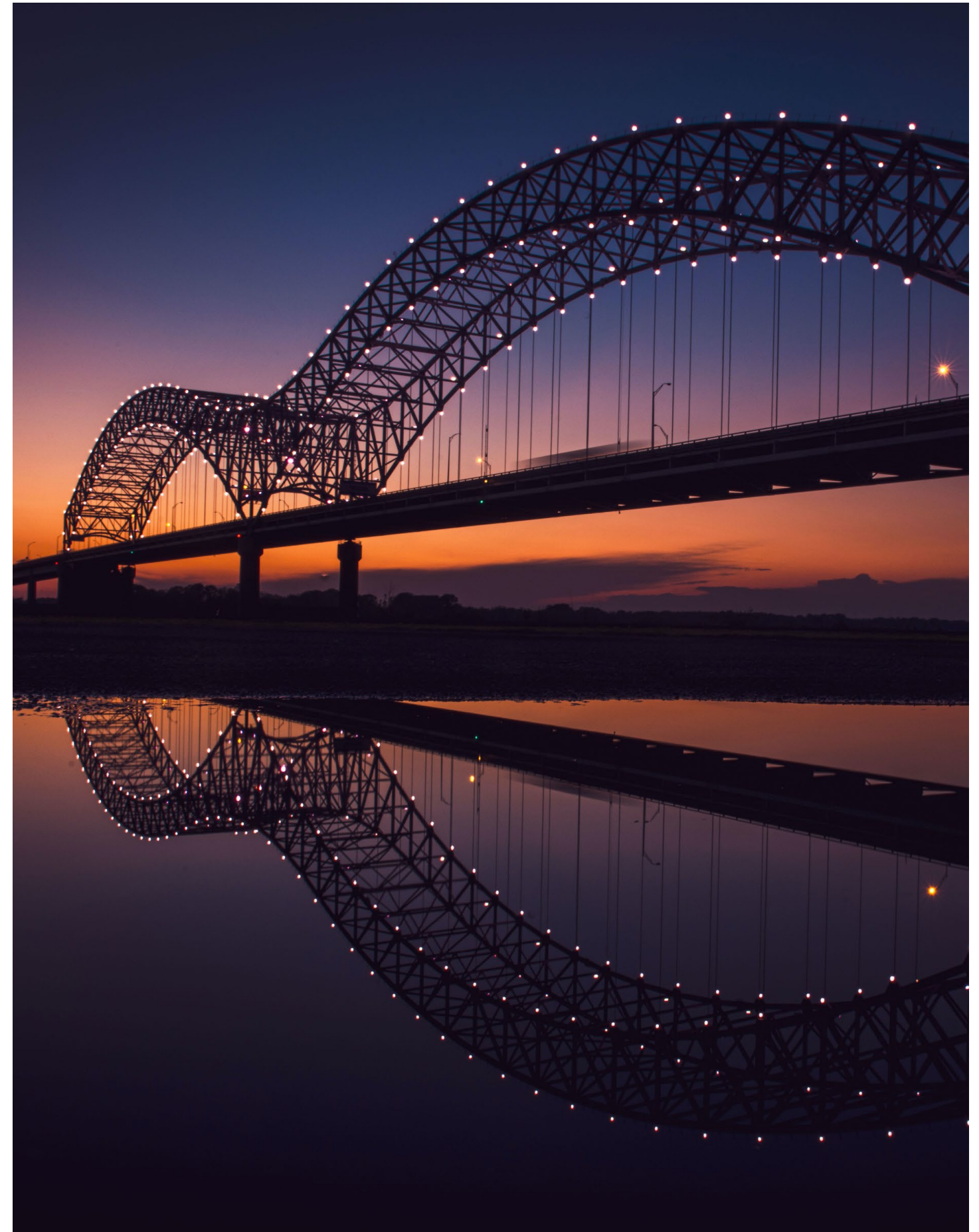
WEST TENNESSEE FORENSIC SERVICES, INC.

(Minor Rotation)

The West Tennessee Forensic Services, Inc. provides forensic mental health evaluation services to the Shelby County Juvenile and Adult Courts and the State of Tennessee Criminal Courts (in Memphis). This program provides forensic/mental health evaluations of defendants facing criminal charges from minor misdemeanors to capital murder. The Forensic Team consists of five psychologists and one Licensed Clinical Social Worker. Most members of the team have worked together for over 30 years.

All our evaluations are completed pursuant to a court order. The team is considered a "friend of the court," not a member of either the defense or prosecution team. The evaluations consist of assessing a defendant's competency to stand trial and mental condition at the time of the alleged offense. Typically, an intern becomes involved in all aspects of the evaluation, including interview, mental status examination, evaluation of specific forensic issues, psychological testing, hospital follow-up services, consultation with defense and prosecuting attorneys, and observation of courtroom testimony.

Supervisors: Stephanie Lovins-Steiner, L.C.S.W., Maggie DeBon, Ph.D., Lynne Zager, Ph.D.



CONSORTIUM STAFF BY AGENCY

CENTER ON DEVELOPMENTAL DISABILITIES

Leah Goldstein, Psy.D. The Chicago School of Professional Psychology, 2013; Child and Adolescent Assessment; Outpatient Behavioral Health.

Bruce Keisling, Ph.D. Auburn University, 1995; Infant, Child, and Adolescent Assessment and Psychoeducational Intervention; Outpatient Behavioral Health.

Laura Murphy, Ed.D. Retired, Research Coordinator; University of Memphis, 1985; Infant, Child, and Adolescent Assessment and Psychoeducational Intervention; Outpatient Behavioral Health; School Consultation; and Academic Interventions; Applied Research in Neurodevelopmental Disabilities.

Colby Taylor, Ph.D. University of Memphis, 2015; Infant, Child, and Adolescent Assessment and Psychoeducational Intervention.

CENTER OF EXCELLENCE FOR CHILDREN IN STATE CUSTODY

Melissa Hoffmann, Ph.D. Northern Illinois University, 1998; Adverse Childhood Experiences, Trauma, Problematic Sexual Behavior in Children, Child Welfare.

Melissa James, L.C.S.W. University of Tennessee, 1997; Complex Trauma, Trauma-Informed Assessment and Treatment, Problematic Sexual Behavior in Young Children, Trauma-Focused Cognitive-Behavioral Therapy.

Kelsey Maloney, Ph.D. Texas Tech University 2021; Complex Trauma, Trauma-Informed Assessment and Treatment, Trauma-Focused Cognitive Behavioral Therapy, Juvenile Justice and Trauma

Liz Paiml, Ph.D. University of Alabama, 2018; Complex Trauma, Trauma-Informed Assessment and Treatment, Problematic Sexual Behavior in Children, Juvenile Justice and Trauma, Parent-Child Interaction Therapy.

CHILD AND ADOLESCENT PSYCHIATRY

Melissa Hoffmann, Ph.D. Northern Illinois University, 1998; Adverse Childhood Experiences, Trauma, Problematic Sexual Behavior in Children, Child Welfare.

MEMPHIS VA MEDICAL CENTER - PSYCHOLOGY

Marcy Adler, Psy.D. Nova Southeastern University, 2015; Clinical Neuropsychology.

Khatidja Ali, Ph.D. University of Memphis, 2011; Palliative Care and Oncology.

Patricia Chapman, Psy.D. Florida Institute of Technology, 1987; Trauma and Recovery Services.

Karen Clark, Ph.D. University of Mississippi, 1991; Director, Palliative Care Program.

Teresa Cook, Psy.D. Baylor University, 2006; Behavioral Health Coordinator, Medical Hypnosis.

Elizabeth Dillon, Ph.D. University of Mississippi, 1984; Primary Care Mental Health Integration (PCMHI).

Kimberly Fleming, Ph.D. University of Louisville, 2015; Mental Health Clinic; Behavioral Health Interdisciplinary Program (BHIP).

Heather Gammel, Ph.D. University of Memphis, 2011; Family Mental Health Clinic.

Samuel Holcombe, Psy.D. Illinois School of Professional Psychology - Chicago, 2002; Inpatient Psychiatry.

Jennifer Jacobson, Psy.D. Spalding University, 2002; Geriatric Medicine; Director, Clinical Health Psychology Fellowship.

Tara Morrisette, Ph.D. University of Florida, 2019; Trauma Recovery Services.

Catherine Morton, Ph.D. University of Memphis, 1999; Mental Health Clinic.

Jonathan Novi, Ph.D. Indiana State University, 2015; Primary Care Mental Health Integration (PCMHI).

Tahere Pourmotabbed, Ph.D. Howard University, 1990; Primary Care Mental Health Integration (PCMHI).

Joann Raby, Ph.D. St. Louis University, 1994; Home Based Primary Care.

Sarah Ramsey, Ph.D. Northern Illinois University, 2017; Director, VAMC Psychology Training Programs; Trauma Recovery Services.

Katie Robinson, Ph.D. University of Memphis, 2016; Primary Care Mental Health Integration (PCMHI).

Brad Roper, Ph.D., ABPP-NP University of Minnesota, 1992; Neuropsychology Program; Director, Clinical Neuropsychology Fellowship.

Havah Schneider, Ph.D. Yeshiva University, 2013; Primary Care Mental Health Integration - Central Clinic.

Rita Eileen Todd, Ph.D. University of Southern Mississippi, 2014; Suicide prevention, Disruptive Behavior Committee.

Jennifer Vandergriff, Ph.D. Colorado State University, 2008; Spinal Cord Injury Program; Coordinator, Psychology Practicum Program.

John Weaver, Ph.D. University of Memphis, 1997; Primary Care (North Clinic).

John Whirley, Ph.D. University of Texas at Austin, 1981; Clinical Psychology.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL

Tara Brinkman, Ph.D. Michigan State University, 2009; Neurobehavioral Late Effects of Childhood Cancer; Psychosocial Impact of Pediatric Brain Tumors.

Heather Conklin, Ph.D. University of Minnesota, 2002; Pediatric Neuropsychology, Cognitive Late Effects of Cancer and Cancer Treatments.

Valerie Crabtree, Ph.D. University of Southern Mississippi, 2001; Pediatric Psychology; Pediatric Sleep Medicine.

Jennifer Harman, Ph.D. University of Florida, 2009; Pediatric Psychology; Pediatric Pain; Developmental and Psychological Assessment; Early Childhood Social, Emotional, and Adaptive Functioning.

Elyse Heidelberg Kenney, Psy.D. Nova Southeastern University, 2017; Pediatric Pain and Symptom Management, Palliative Care, Prevention and Early Identification Across the Care Continuum.

Andrew Heitzer, Ph.D. Wayne State University, 2018; Pediatric Neuropsychology; Neurobehavioral Functioning in Children with Sickle Cell Disease.

Lisa Jacola, Ph.D. University of Cincinnati, 2012; Pediatric Neuropsychology; Neurobehavioral Functioning in Children with Cancer.

Ryan James, Ph.D. Louisiana State University, 2020; Pediatric Psychology, Child Clinical Psychology, Pain Management.

Anna Jones, Ph.D. University of Georgia, 2018; Transition in Oncology; Childhood Anxiety.

Niki Jurbergs, Ph.D. Louisiana State University, 2005; Psychological Adaptation to Pediatric Chronic Illness; Pediatric Oncology and Hematology; Psychological Assessment; Procedural Distress.

Jennifer Longoria, Ph.D. Texas Woman's University, 2017; Pediatric Neuropsychology; Neurobehavioral Functioning in Children with Sickle Cell Disease.

Kendra Parris, Ph.D. Florida State University, 2008; Pediatric Psychology; Child and Adolescent Clinical Psychology; Psychosocial Functioning During and After Bone Marrow Transplant.

Jerlym Porter, Ph.D. Virginia Commonwealth University, 2008; Pediatric Psychology; Transition from Pediatric to Adult Care; Health Promotion in Pediatric Chronic Illness.

Brian Potter, Psy.D. Antioch University New England, 2006; Pediatric Neuropsychology; Cognitive Late Effects of Cancer and Cancer Treatments; Genetic Disorders.

Darcy Raches, Ph.D. University of Houston, 2009; Pediatric Neuropsychology; Cognitive Late Effects of Cancer and Cancer Treatments; Assessment of Acute Neurological Injury; Cognitive Remediation; Neurofibromatosis-Type I.

Katianne Sharp, Ph.D. University of Memphis, 2016; Cancer predisposition and adjustment in families of children with cancer.

Rachel Tillery Webster, Ph.D. University of Memphis, 2016; Healthy lifestyle behaviors in pediatric cancer survivors; Transitional needs after completion of active treatment.

Megan Wilkins, Ph.D. University of South Carolina, 2006; Pediatric/Adolescent HIV/AIDS; Medication Adherence; Adjustment to Illness Status; School Consultation; Behavioral Disorders.

Victoria Willard, Ph.D. Duke University 2011; Pediatric Psychology; Social Outcomes in Children with Cancer.

WEST TENNESSEE FORENSIC SERVICES, INC.

Stephanie Lovins Steiner, L.C.S.W. University of Memphis, 2015; Clinical Social Work.

Katie Price-Verdell, Psy.D. Forest Institute of Professional Psychology, 2014; Clinical Psychology.

John Whirley, Ph.D. University of Texas at Austin, 1981; Clinical Psychology.

Lynne Zager, Ph.D. Florida State University, 1981; Clinical/Forensic Psychology.

Maggie DeBon, Ph.D. University of Memphis.

Lauren Brownstein, LPC-MHSP University of Memphis.

CONSORTIUM ADMINISTRATIVE/TRAINING COMMITTEE

Melissa Hoffmann, Ph.D.

Child and Adolescent Psychiatry, UTHSC
920 Madison Ave., Suite 939, Room 930
Memphis, TN 38163
901.448.5944

Leah Goldstein, Psy.D.

Center on Developmental Disabilities, UTHSC
920 Madison Ave., Suite 939
Memphis, TN 38163
901.448.6561

Stephanie Lovins Steiner, LCSW

West Tennessee Forensic Services, Inc.
530 Oak Court Drive, Suite 127
Memphis, TN 38117
901.729.2410

Kelsey Maloney, Ph.D.

Center of Excellence for Children in State
Custody, UTHSC
920 Madison Ave., Suite 939
Memphis, TN 38163
901.448.3420

I. Jacqueline Page, Psy.D.

Department of Psychiatry, UTHSC
920 Madison Avenue, Suite 201
Memphis, TN 38163
901.448.1785

Liz Paiml, Ph.D.

Parent/Child Interaction Therapy Clinic, UTHSC
920 Madison Ave., Suite 939
Memphis, TN 38163
901.448.3420

Melissa James, LCSW

Trauma-Focused Cognitive Behavioral
Therapy Clinic, UTHSC
920 Madison Ave., Suite 939
Memphis, TN 38163
901.448.3420

Kendra Parris, Ph.D.

Department of Psychology, St. Jude Children's
Research Hospital
262 Danny Thomas Place
Memphis, TN 38105
901.595.3580

Sarah Ramsey, Ph.D.

Psychology Section, Memphis VA Medical Center
1030 Jefferson Avenue
Memphis, TN 38104
901.523.8990 Ext. 2376

One intern representative



INTERN FUNDING AND POLICIES

A variety of funding arrangements are utilized. Recent sources include the UTHSC Center for Developmental Disabilities, St. Jude Children's Research Hospital, UTHSC Division of Child and Adolescent Psychiatry, and the UTHSC Center of Excellence for Children in State Custody. These are likely to be the funding sources for the upcoming year as well, so interns will be required to complete rotations at some combination of these sites. The number of funded internship slots will depend upon monies available. Five funded intern positions are expected. The Consortium internship stipend is \$30,000. Health insurance is provided.

Attempts are made to match funding sources to interns' training needs. The intern is required to complete a minimum of 1900 hours during the training year, with 1200 of these hours being committed to agencies providing funding. The remaining hours will be elective time that can be at any of the Consortium agencies. VA funded interns will have first choice at the various VA rotations while the Consortium funded interns will have first choice for rotations at cooperating agencies. If applying to both programs, the UTHSC Consortium and the VA, a separate application should be submitted to the VA Training Program.

All Consortium interns are UTHSC employees and have access to library facilities, technical support, etc. Background checks will be completed by the university prior to the start of the internship year. The Administrative Assistant for the Consortium is available to assist interns with record keeping and other administrative internship matters. The Consortium follows the UTHSC holiday and closing calendar. In addition to University closings, interns may take up to 10 days of professional leave during the training year. Five of those days may be taken consecutively. Leave must be specifically arranged and approved by the intern's current supervisors as well as the Training Director.

Interns are provided with appropriate office space, computer access, and administrative support at each training site. Availability of an automobile is a necessity.

This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

APPLICATION PROCEDURES

Applications should be completed by November 15, 2023. The complete application consists of the following:

1. APPIC Application for Psychology Internships Online (AAPI Online)
Note: All letters of recommendation must utilize the APPIC standardized reference form.
2. Program Interest and Rotation Preferences
(please indicate in the table on page 40 and include the entire table in your cover letter)

Offers of interviews will be made in early December, with 4 or 5 interview days taking place during the month of January 2024. Specific interview dates will be announced as soon as possible. All interviews will be conducted virtually. It is estimated that 40 to 50 intern applicants will be invited for interviews. All applicants will be notified of their status by December 10, 2023.

Offers will be made and accepted in agreement with the match policies developed by the Association of Psychology Postdoctoral and Internship Centers (APPIC).

It is suggested that only those persons apply who give this setting a very high priority in their preference for internship.

The starting date is **August 19, 2024**. Finishing date is **August 15, 2025**.

Accepted applicants will receive additional orientation information prior to the starting date.

INTERNSHIP PROGRAM TABLES

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.	YES	NO
If yes, provide website link (or content from brochure) where this specific information is presented: n/a		

Internship Program Admissions

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:			
Although UTHSC Consortium agencies represent a wide range of clinical experiences, the current makeup of the Consortium is primarily child and family-serving agencies. Additionally, many of the current rotation offerings emphasize assessment. Applicants with primary interests in working with children and families, and with experience in assessment, will find the best fit at this internship site.			
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:			
Total Direct Contact Intervention Hours	N	Y	Amount: 200
Total Direct Contact Assessment Hours	N	Y	Amount: 150
Describe any other required minimum criteria used to screen applicants:			
Applicants must have completed at least 3 years of graduate study and passed comprehensive exams.			

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$30,000	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	YES	NO
If access to medical insurance is provided:		
Trainee contribution to cost required?	YES	NO
Coverage of family member(s) available?	YES	NO
Coverage of legally married partner available?	YES	NO
Coverage of domestic partner available?	YES	NO
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	80	
Hours of Annual Paid Sick Leave	80	
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?	YES	NO
Other Benefits (please describe): Interns are provided 10 days of professional leave, as indicated above, in addition to university holidays and closings.		

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

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2019-2022	
Total # of interns who were in the 3 cohorts	15	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Academic teaching	0	0
Community mental health center	0	2
Consortium	0	0
University counseling center	0	0
Hospital/Medical Center	10	0
Veterans Affairs Health Care System	0	0
Psychiatric facility	0	0
Correctional facility	1	0
Health maintenance organization	0	0
School district/system	1	0
Independent practice setting	0	0
Other	1	0

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

CONSORTIUM INTERNS

2022-2023

Emily Bernstein	University of Central Florida
Nathan Lutz Loyola	University of Chicago
Lauren McNeela	Northern Illinois University
Mikaela Overton	Central Michigan University
Melanie Silverman	Fordham University

2023-2024

Christina Dandar	Wayne State University
Elizabeth Dlugi	University of Maryland
Kahyah Pinkman	University of Georgia
Christina Strauch	Idaho State University
Linnea Swanson	University of Nebraska - Lincoln

APA AND APICC CONTACT INFORMATION

American Psychological Association Commission on Accreditation:

**Office of Program Consultation and Accreditation
American Psychological Association**
750 1st Street, NE, Washington, DC 20002-4242
apa.org/ed/accreditation
800.374.2721 or 202.336.5979

Association of Psychology Postdoctoral and Internship Centers:

Association of Psychology Postdoctoral and Internship Centers
17225 El Camino Real, Suite #170, Houston, TX 77058-2748
appic.org | 832.284.4080

APPIC Match Policies: appic.org

PROGRAM INTEREST AND ROTATION PREFERENCES

As noted in this brochure, the University of Tennessee Professional Psychology Internship Consortium has three training tracks: the General Track, the St. Jude Pediatric Track, and the St. Jude Neuropsychology Track. Interns in the St. Jude Tracks will spend two major rotations and one minor rotation at St. Jude Children’s Research Hospital. Their other major and minor rotations will be through other agencies in the Consortium. Interns in the General Track will rotate through various agencies in the Consortium. Rotation assignments for all interns, regardless of track, are based on training needs and intern preferences as well as funding provided by Consortium agencies. We anticipate receiving funding from the UTHSC Center on Developmental Disabilities, UTHSC Division of Child and Adolescent Psychiatry, and UTHSC Center of Excellence for Children in State Custody for the coming training year. Thus, interns in the General Track can expect to be required to complete major rotations at these sites.

We ask that you specify which track or tracks you wish to be considered for and to then rank your rotation preferences. Please note that we are not asking you to rank order the tracks (General and St. Jude); we are only asking you to designate for which of the tracks you want to be considered. Instead, we are asking for you to rank your rotation preferences, which will help us to identify your training interests while reviewing your application.

PLEASE INDICATE WHICH TRACK(S) YOU ARE APPLYING TO (General, St. Jude Pediatric, St. Jude Neuropsychology) **IN YOUR COVER LETTER. ALSO, PLEASE RANK ORDER YOUR ROTATION INTERESTS/PREFERENCES IN THE TABLE BELOW AND INCLUDE THE ENTIRE TABLE IN YOUR COVER LETTER.**



TRACKS(S) APPLYING TO:

- _____ **General**
 _____ **St. Jude Pediatric**
 _____ **St. Jude Neuropsychology**

ROTATION INTERESTS/PREFERENCES

Major Rotations (rank 1 to at least 4)	Minor Rotations (rank 1 to at least 2)
Center on Developmental Disabilities _____	Child and Adolescent Psychiatry _____
Center of Excellence for Children in State Custody _____	Memphis VAMC, Psychology Section _____
Memphis VAMC, Psychology Section _____	St. Jude Children’s Research Hospital _____
St. Jude Children’s Research Hospital _____	West Tennessee Forensic Services, Inc. _____
Child and Adolescent Psychiatry _____	

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