

Clinical Psychology Postdoctoral Fellowship in Pediatric Pain



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Name of Program: Clinical Psychology Postdoctoral Fellowship in Pediatric Pain

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Background of the Program:

The Indiana University School of Medicine Department of Psychiatry, in collaboration with the Pediatric Section of the Department of Anesthesia and the Department of Psychology at Indiana University-Purdue University Indianapolis, are pleased to provide the Clinical Psychology Postdoctoral Fellowship in Pediatric Pain. The Riley Pediatric Pain Clinic serves children and adolescents with chronic or recurrent pain conditions who have an extensive array of psychiatric and psychological needs. Evidence-based care for pediatric chronic pain recommends psychological services as an integral part of the treatment plan, in addition to medical and physical therapy care. Further, children and adolescents with chronic pain frequently have mental health comorbidities (including depression, anxiety, and behavior problems) and are at risk for life-long consequences including pain and mental health symptoms. Psychologists are uniquely trained to evaluate and optimize

patients' coping with the stress of living with chronic pain, adherence to medical treatment recommendations, treating comorbid mental health symptoms, and improving functioning. Psychologists are also uniquely trained to conduct empirical research on the causes, correlates, and consequences of chronic pain in children and adolescents.

The purpose of the fellowship program is to train Clinical Pediatric Psychologists with a specialty in pediatric pain, including both clinical and research applications. Clinical Pediatric Psychologists with this type of specialized training are in short supply, especially in the state of Indiana. The fellowship program meets the needs of trainees seeking to develop the expertise to work in this area, as well as the hospital and patients who benefit from such specialized care. Fellows will develop skills to work effectively in a variety of clinical, research, and educational settings. Emphasis is placed on the application of these principles in the following areas.

- The assessment and management of pediatric chronic pain
- The maintenance of health through prevention efforts
- The development and evaluation of interventions
- The development of interdisciplinary collaboration with other health care providers and the skills necessary to work effectively within such interdisciplinary teams
- The use of population health assessment and treatment strategies
- The development of skills necessary to conduct research on pediatric pain

In addition, the program is designed to help fellows develop skills necessary to teach, supervise, and manage a clinic and/or research laboratory, as these are roles commonly assumed by clinical pediatric psychologists. These skills are built upon a foundation of ethically and legally responsible behavior, sensitivity to individual differences, and professional conduct and development commensurate with the highest standards in psychology.

Program Duration:

The Clinical Psychology Postdoctoral Fellowship in Pediatric Pain will train one fellow for an initial 1-year (12 months) appointment, with the potential for reappointment (pending performance review after year 1) for an additional year (for a total of 24 months).

Oversight/Certification Agency:

Once fellows participating in this program have accrued the minimum supervised clinical hours (and all other licensure requirements) required for licensure as a psychologist in the state of their choice, they will be required to sit for the Examination for Professional Practice in Psychology (EPPP).

APPLICATION AND SELECTION PROCESS

Prerequisite Training/Selection Criteria:

- Doctoral degree (Ph.D. or Psy.D.) conferred from an American Psychological Association (APA) accredited program in Clinical or Counseling Psychology or doctoral candidate in good standing in an APA-approved graduate training program in Psychology.
- Completion of a predoctoral internship in Clinical, Counseling, or School Psychology, preferably APA-accredited.
- Experience providing behavioral medicine/health psychology services to medically and psychologically ill children, including assessment and intervention.

Application Materials:

- Curriculum Vitae
- Three letters of reference, including one from a current clinical supervisor

- Graduate Transcripts
- Cover Letter

Selection Process for New Trainees:

Applications will be submitted to Dr. Amy Williams and Dr. Adam Hirsh directly or via Rita Roush (Program Coordinator). All applications that meet minimum requirements will be reviewed by the fellowship director, and applicants will be selected for in-person and/or phone interviews. Based on interviews and strength of application, one trainee will be selected each year that an opening is available.

PROGRAM RESOURCES

Program Director/Primary Supervisor:

- Amy Williams, PhD, ABPP, HSPP - Dr. Williams will be the primary clinical supervisor. She will provide weekly individual supervision that will cover all clinical responsibilities. She will also provide supervision of research experiences in collaboration with Dr. Hirsh. Dr. Williams and Dr. Hirsh will have joint responsibility for overseeing didactics and conducting six-month, one-year, and two-year (if applicable) evaluations.
- Adam Hirsh, PhD - Dr. Hirsh will serve as the co-director of the program will provide supervision of all research experiences in collaboration with Dr. Williams. He will also share joint responsibility with Dr. Williams for overseeing didactics and conducting six-month, one-year, and two-year (if applicable) evaluations.

Other Faculty Available for Additional Supervision and Experiences:

- Hillary Blake, PsyD, HSPP – Dr. Blake is the Clinical Director of the Pediatric Headache Clinic at Riley Hospital for Children
- William Kronenberger, Ph.D. – Dr. Kronenberger serves as the head of the Section of Psychology in the Department of Psychiatry

EDUCATIONAL PROGRAM

Clinical Practice Locations:

Riley Hospital Pediatric Pain Clinic

705 Riley Hospital Drive
 Indianapolis, IN 46202
 Phone: 317-944-2353

Riley Hospital for Children

705 Riley Hospital Drive
 Indianapolis, IN 46202
 Phone: 317-944-5000

Clinical Training:

The majority of clinical training will take place at the Pediatric Pain Clinic housed in Riley Hospital for Children. The Pediatric Pain Clinic is a multi-disciplinary outpatient clinic that serves children and adolescents with chronic/recurrent pain conditions across the state of Indiana and beyond. It includes treatments such as medications, procedures (injections, epidurals, etc.), physical therapy, psychotherapy, and other evidence-based treatments for pediatric chronic pain. Fellows will also gain experience with inpatient consultations at Riley Hospital for Children for children/adolescents admitted to medical floors or inpatient rehabilitation for conditions involving pain.

Training in Clinical Services will include:

- Initial Psychological Diagnostic evaluations
- Evidence-based Cognitive-Behavioral Interventions
- Supportive counseling
- Psychoeducation on pediatric pain, as well as other chronic medical and psychiatric illnesses
- Case consultation
- Coordination of psychological care in the community
- Direct clinical care, and associated documentation and indirect aspects of clinical care, as described above will constitute 50% of the fellow's weekly responsibilities

Other potential clinical services may include:

- Group psychotherapy
- Pre-surgical evaluations
- Biofeedback
- Psychological interventions in Pediatric Headache Clinic

Academic and Professional Development Training:

- Fellows are expected to engage in academic and research activities during their training.
- Research: Projects will be chosen collaboratively by the fellowship directors and fellows and may include activities such as:
 - Case studies/single case design
 - Research design
 - Data collection and analysis
 - Manuscript preparation
 - Grant-writing
- Inter-professional Training: Opportunities to teach, mentor, and supervise other trainees (predoctoral interns, practicum students, and graduate and undergraduate research assistants) and to deliver educational trainings to other health professionals will be provided.
- Program Development: Opportunities include the development and/or implementation of innovative, integrative, and multidisciplinary models of care across a variety of clinical settings. Fellows may work with colleagues from other disciplines to identify and implement changes to clinical programs that can improve outcomes, or work to develop new programs to meet emerging needs in clinical settings.

Didactic Components:

- Training in the Protection of Human Subjects (IUPUI and IU Health module)
- Training in Compliance (initially upon hire and periodically as required by the School of Medicine)
- Crisis Prevention Intervention (CPI) Training (12 hours)
- Postdoctoral Fellow Supervision: Fellows are involved in 2-5 hours of individual supervision per week with fellowship supervisors. Additionally, fellows may provide 2-3 hours of individual supervision per week to psychology residents or other trainees.
- Postdoctoral Fellow Reading Seminar: Fellows complete a comprehensive reading program consisting of the most up-to-date journal articles and books regarding health psychology, behavioral medicine, and pediatric pain (1-2 hours weekly).
- Interdisciplinary Pain Team Meetings (1 hour monthly)
- Psychiatry Grand Rounds (1 hour weekly)
- Scientific Meeting Attendance: Each fellow is expected to attend a national scientific conference related to clinical health/pediatric psychology each year, such as the American Pain Society or the Society for Pediatric Psychology.

EVALUATION

Criteria for Successful Completion of Program

In order to successfully complete this program, fellows will demonstrate the following competencies (as measured by the 6-month, 12-month, and if applicable 24-month evaluations):

1. Detailed knowledge of clinical health and pediatric psychology topics, in particular pediatric pain and related co-morbid psychiatric and medical diagnoses.
2. Understand the empirical research to support clinical psychology as applied to pediatric pain.
3. Ability to take a comprehensive history including: history of the present problems, prior medical and psychiatric history, family history, and social history.
4. Ability to observe and report on behavioral characteristics of the patient based on interview contact and clinical observation.
5. Ability to develop differential diagnoses based on the interview and clinical observation.
6. Ability to utilize standardized assessment tools, where appropriate.
7. Ability to formulate a diagnostic impression that integrates history and clinical observations.
8. Ability to specify appropriate recommendations for further assessment, treatment, and follow-up.
9. Ability to develop a treatment plan appropriate to presenting symptoms, caregiver and patient concerns, and other individual and social factors.
10. Ability to provide individual and caregiver-based behavioral interventions.
11. Ability to generate a brief therapy progress note that communicates the nature of therapy and recommendations.
12. Understand and apply theory, methodology, and data analysis related to research on pediatric pain.
13. Ability to generate new scientific knowledge and theory related to pediatric pain.
14. Ability to effectively disseminate empirical results to professional and lay audiences.
15. Ability to operate effectively in a multidisciplinary environment and to know the roles of other professionals (clinical, research, and educational) and the role of psychology within that framework.
16. Understand of the common ethical dilemmas that arise in psychological research and practice and awareness of a process to work to a resolution of these dilemmas.

Fellow Evaluation Process:

- Formal reviews occur at months 6, 12, and if applicable 24 months.
- Fellows will complete a summary of patient care covering the review period.
- Fellows will complete a summary of the didactic experiences for the review period.
- Fellows will complete a summary of research projects and progress for the review period.
- Each clinical supervisor rates the fellow's knowledge base and professional practice on structured rating forms and via a brief narrative.
- Each research supervisor rates the fellow's knowledge and research applications on structured rating forms and via a brief narrative.
- The Program Directors review the fellow's interval clinical productivity, faculty reviews of performance, and educational programming and completes a structured rating of the fellow for the review interval. If areas of weakness are identified, a plan for skill development will be created which may include: reduced service, increased supervision, and additional readings. The skill development plan will be reviewed by the fellow and Program Directors.
- At the end of the 12 month, and if applicable 24 month, postdoctoral fellowship, a summary evaluation will be completed by the Program Directors with input from other training faculty indicating areas of competency.
- See Appendix A and B for Fellow and Supervisor Evaluation Forms.

PROGRAM POLICIES

Clinical Supervision:

Dr. Amy Williams, Program Director, will be the primary supervisor for the fellow's clinical activities. She will provide weekly individual supervision that will cover all clinical experiences. Dr. Adam Hirsh, Program Co-Director, will be the primary supervisor for research activities (with supplemental supervision of research provided by Dr. Williams). Dr. Williams and Dr. Hirsh will share responsibility for overseeing didactics and conducting six-month, one-year, and if applicable two-year evaluations. Supervision is 2 to 5 hours per week. Early in the fellowship, Dr. Williams will provide shadowing and other highly-supervised experiences (including having a faculty member see patients with the fellow). As competence progresses, the fellow will begin to conduct assessments and therapy sessions independently. Dr. Williams or another faculty member will be on-site at all times when the fellow is seeing patients and be available for any urgent concerns on the part of the fellow or patient.

Paid Time-Off Policy

This policy is based on and consistent with the IUSM Office of Graduate Medical Education (GME) Resident Handbook policy on paid time off. Program specific interpretations are included as well as a notification process.

1. Fellows receive 15 paid days off per year.
2. These days are in addition to the standard IU holidays. Please note that clinic and IU holiday schedules may diverge (2 or 3 instances in a calendar year) and where they do the clinic schedule takes precedence. This means that on a day when the clinic is open, fellows will be expected to be on duty in clinic even if it is an IU Holiday.
3. Paid time off is used for personal time, sickness, vacation, conferences, and interviews.
4. Requests for paid time off due to conference and vacation should be submitted 2 months in advance and are at the discretion of the Program Director. If 2 months in advance is not possible for a legitimate reason, a special request can be made, but will not be guaranteed and must be approved by the Program Director.
5. Paid time off can be used in half-day increments or more.
6. If a fellow must go over the allowed paid time off (15 days), then the graduation date is moved back by the number of days taken off.
7. Unused paid time off does not rollover to the next year.

Request Process:

1. Fellows request paid time off by directly contacting the Program Directors and any other supervising faculty and the Program Coordinator (Rita Roush).
2. The Program Directors (in combination with supervising faculty if applicable) approve or deny the request (notifying all).
3. The Program Coordinator (Rita Roush) records the request and logs the approved request.

Duty Hours Policy:

Fellows will be required to complete 40 hours of work per week (Monday through Friday). This program does not require fellows to be on-call during non-clinic hours.

Grievance Procedures:

The first option for fellows with questions or concerns about the Clinical Psychology Postdoctoral Fellowship in Pediatric Pain is the Program Director. If a satisfactory resolution does not result or if the conflict involves the Program Director or other member of the training faculty, that person will not participate in the deliberations related to the dispute. If contention persists or if special circumstances exist where use of the usual chain of

authority is not appropriate, the fellow may bring grievances directly to the Department of Psychiatry Committee on Fellowships (Dr. Tom McAllister, Chair) or the Director of the Section of Psychology (Dr. Bill Kronenberger).

Termination of Appointment:

The appointment of a Fellow may be revoked or terminated prior to the end of a current term of appointment for failure to abide by the rules and regulations, or policies and procedures of the Medical Staffs and Hospitals, or for activities or professional conduct considered to be disruptive to the operations of the hospitals, or to the quality of patient care, or the teaching programs, or activities which constitute a material breach of the letter of appointment.

Other Policies:

The Clinical Psychology Postdoctoral Fellowship in Pediatric Pain abides by all of the rules and regulations set forth by the Indiana University School of Medicine's Office of Graduate Medical Education. Additional policies can be found at: <https://medicine.iu.edu/education/gme/employment-terms-benefits/policies/>

Clinical Psychology Postdoctoral Fellowship in Pediatric Pain PROGRESS SUMMARY REPORT

Name: _____ Date: _____

Period of Review (check one): ___ 6 month ___ 12 month

Scale: 1 = Unsatisfactory, 2 = Poor, 3 = Average, 4 = Good, 5 = Outstanding, NA = Not Applicable or Insufficient Information

Mean proficiency for level of training has been entered based on all supervisor ratings. The expected rating in each area is "3" or "Average."

1. General Professionalism

- 1.1. Intellectual curiosity _____
- 1.2. Work efficiency _____
- 1.3. Professional responsibility in patient care _____
- 1.4. Professionalism in interdisciplinary contacts _____
- 1.5. Sensitivity to race and culture _____

2. Clinical Activity

- 2.1. Diagnostic interviewing _____
- 2.2. Identification of referral issues _____
- 2.3. Formulation of comprehensive treatment plan _____
- 2.4. Provision of appropriate behavioral intervention _____
- 2.5. Administration and scoring of assessments _____
- 2.6. Ability to establish rapport with patient/family _____
- 2.7. Interpretation of assessments _____
- 2.8. Understanding of developmental aspects _____
- 2.9. Understanding of medical aspects _____
- 2.10. Understanding of neurological aspects _____
- 2.11. Understanding of psychiatric aspects _____
- 2.12. Differential diagnosis and case formulation _____
- 2.13. Knowledge and integration of literature _____
- 2.14. Quality of written reports _____
- 2.15. Timeliness of written reports _____
- 2.16. Documentation of communications/intervention _____

3. Research and Scholarly Activity

- 3.1. Participates in research discussions _____
- 3.2. Literature reviews or integrations of selected areas _____
- 3.3. Contributes to ongoing research projects _____
- 3.4. Conducts own study _____
- 3.5. Presents results at grand rounds or similar forum _____
- 3.6. Presents results at local or national meeting _____

4. Didactics/Teaching

- 4.1. Attendance at seminars and didactics _____
- 4.2. Participation in seminars and didactics _____
- 4.3. Clinical teaching of psychology or medical trainees _____

5. Supervisory Relationship

- 5.1. Seeks out supervision when appropriate _____
- 5.2. Raises appropriate questions and issues _____
- 5.3. Accepting of feedback _____
- 5.4. Makes constructive use of feedback _____

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Program Director's Comments:

Post-Doctoral Fellow's Comments:

Post-Doctoral Fellow Signature

Program Director Signature

