

Psychology Residency (Doctoral Internship)

The psychology residency (aka doctoral internship) in the [Division of Behavioral Sciences](#) is a one-year, American Psychological Association-accredited, full-time training program that fulfills the doctoral internship requirement for doctoral programs in health services psychology. The program has been continuously accredited by the American Psychological Association since 1967 and has trained over 300 psychologists, most of whom are working around the world today in academic medical centers, and/or a variety of clinical and educational settings.

The program offers training in the following three tracks:

- [Child/Adolescent/Pediatric psychology](#) (two positions)
- [Health psychology](#) (four positions)
- [Neuropsychology](#) (three positions)

Trainees in all tracks work in both inpatient and outpatient settings and provide assessment, testing, consultation and treatment for Rush's diverse patient population. Regularly scheduled supervision is provided for a minimum of four hours weekly. Trainees also participate in several didactic seminars weekly and have the option of participating in research projects with faculty members as mentors.

American Psychological Association (APA) accreditation status and the current standards for accreditation can be found on the [APA website](#) or by contacting the APA:

Office of Program Consultation and Accreditation
American Psychological Association
750 First St. NE
Washington, DC 20002-4242
Phone: (202) 336-5979

How to apply

We are a member of the [Association of Psychology Postdoctoral and Internship Centers](#) (APPIC) and participate in the APPIC Internship Matching Program.

Candidates must be enrolled in and near completion of an American Psychological Association-accredited or Canadian Psychological Association-accredited doctoral program in clinical or counseling psychology to be considered. Applications from minority candidates are especially welcome and encouraged. All application materials should be submitted via the [APPIC website](#) by November 1, including the following:

- Cover letter discussing your interest in our program and, especially, why you would be a good fit from a training and career goal perspective. Include a discussion of the clinical experiences you have had relevant to the track to which you are applying, and include the number of face-to-face hours you have worked with the track population(s). The cover letter should be addressed to the appropriate track director (Megan M. Hood, PhD, Health

Psychology; Christopher L. Grote, PhD, Neuropsychology; Michelle Green, PhD and Kyle Bersted, PhD, Child/Adolescent/Pediatric Psychology (additional contact information below)).

- APPI application
- Curriculum vitae
- Graduate school transcript
- Three letters of recommendation

Candidates are selected based on the following criteria:

- Fit of the applicant's interests, experience, and career goals with desired program track.
- Letters of recommendation
- Graduate program course work, grades and practice experiences (500 hours of face-to-face contact preferred)
- A solid research and publication background
 - Complete or nearly complete dissertation prior to internship is a plus.

Prior to starting internship, applicants complete a pre-employment background check and drug screen. Note: Cannabis (marijuana) use, whether for medical purposes or not, is prohibited at this time. A positive drug test for marijuana will therefore prevent successful completion of the pre-employment drug screen. This policy is subject to change as state laws change.

Internship Admissions, Support, and Initial Placement Data

INTERNSHIP PROGRAM TABLES

Date Program Tables were updated: 8/26/19

Internship Program Admissions

This program considers every application that is received. Applicants who fit here best tend to (a) be from a scientist-practitioner or clinical scientist program, (b) have clinical experience (assessment and treatment) related to the specialty area to which they are applying, (c) have research experience and publications/presentations, and (d) be planning for a career in academic medicine.

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	Y	Amount: 500
Total Direct Contact Assessment Hours	N	Amount: NA
Describe any other required minimum criteria used to screen applicants:	US citizenship or permanent resident status required	
Financial and Other Benefit Support for Upcoming Training Year*		
Annual Stipend/Salary for Full-time Interns	\$33,271	
Annual Stipend/Salary for Half-time Interns	NA	
Program provides access to medical insurance for intern?	Yes	
If access to medical insurance is provided		
Trainee contribution to cost required?	No	
Coverage of family member(s) available?	Yes	
Coverage of legally married partner available?	Yes	
Coverage of domestic partner available?	Yes	

Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	160
Hours of Annual Paid Sick Leave	As needed
In the event 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
Other Benefits (please describe)	-Flexible Wellness stipend of \$350 -\$1000 reimbursement for continuing education

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

Initial Post-Internship Positions (Aggregated Tally for preceding 3 cohorts: 2016, 2017, 2018)		
Total # of interns who were in the 3 cohorts:	27	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree:	0	
	PD	EP
Community mental health center	NA	NA
Federally qualified health center	NA	NA
Independent primary care facility/clinic	NA	NA
University counseling center	NA	NA
Veterans Affairs medical center	2	NA
Military health center	NA	NA
Academic health center	20	NA
Other medical center or hospital	NA	NA
Psychiatric hospital	NA	NA
Academic university/department	5	NA
Community college or other teaching setting	NA	NA
Independent research institution	NA	NA
Correctional facility	NA	NA
School district/system	NA	NA
Independent practice setting	NA	NA
Correctional facility	NA	NA
School district/system	NA	NA
Not currently employed	NA	NA
Changed to another field	NA	NA
Other	NA	NA
Unknown	NA	NA

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

Those selected to interview will be notified by email by December 1. Interviews are typically conducted between early and mid-January for the Health and Neuropsychology tracks and in December and January for the Pediatric/Child/Adolescent Psychology track.

If you have any questions related to the application process, please email [Chrystal Mathis](#), internship program coordinator, or call (312) 942-5932.

Contact information

For questions about a particular track, please contact the director in your area of interest:

[Megan M. Hood, PhD](#)

Director of Health Psychology Training
Director of Clinical Training
Phone: (312) 942-5934

[Christopher L. Grote, PhD](#)

Director of Neuropsychology Training
Phone: (312) 942-5523

[Michelle Green, PhD](#)

Co-director of Pediatric/Child/Adolescent Psychology Training
Phone: (312) 942-8598

[Kyle Bersted, PhD](#)

Co-director of Pediatric/Child/Adolescent Psychology Training
Phone: (312) 563-1466

Program Philosophy and Goals

Rush University Medical Center is one of the major centers of health care delivery, education, and research in Chicago and the Midwest. With a distinguished history going back over 150 years, the Medical Center, its components and affiliated institutions, offer educational and training programs in all major health and health-related fields. As the largest medical center in the city of Chicago, Rush attracts ethnically and racially diverse patients from a variety of socioeconomic backgrounds. This wealth of individual differences enriches all aspects of internship training.

The Division of Behavioral Sciences is a division within the Department of Psychiatry and Behavioral Sciences at Rush University Medical Center. The division is located at 1645 W. Jackson Blvd, Suite 400, Chicago, IL 60612, and can be reached at (312) 942-5932.

Program philosophy and goals

The philosophy underlying the internship program is that the highest competency level of the scientist-practitioner psychologist is based on broad and deep knowledge, in particular of the scientific and professional bases of psychology, in the context of ethical concern for others. The training model of the department holds that the intern comes here as an emerging professional. The intern is given all the independence of function he or she is ready to assume. Interns are considered integral department members.

By the end of the training year, the intern should be able to work independently as a scientist-practitioner. The intern should be competent at diagnostic evaluation, methods of intervention and consultation, and should adhere to the Ethical Principles of Psychologists and the Code of Conduct of the American Psychological Association. In addition, the intern should be able to evaluate, use, and contribute to the scientific, professional, and applied literature. The intern should demonstrate an increase in knowledge and skill related to supervision and teaching. The intern should also know and be able to integrate relevant matters from other disciplines and work effectively with other professionals in interdisciplinary settings. Finally, the intern should know about and be sensitive to cultural and individual diversity and apply this knowledge and sensitivity in all of his or her work. At completion of training, performance is expected to be at the junior faculty level, in preparation for the job market or post-doctoral training in sub-specialty areas.

Internship Tracks

Interns select one of the three training emphases of the program: pediatric/child and adolescent psychology, health psychology, or neuropsychology. Across tracks, there is a common focus on the roles and functions of health service psychologists in a general medical setting and a common emphasis on a broad understanding of the life adaptation of children and adults. Each track provides both didactic training and clinical experience aimed at developing professional competence and achieving the goals of training described earlier. This area of emphasis training model dovetails with our training philosophy which highlights both breadth and depth of knowledge.

Cross-track experiences are available depending on intern interest and scheduling availability. For example, occasionally pediatric/child/adolescent track interns choose electives in the neuropsychology service. In addition, all supervisors are available to each intern for consultation.

Learn more about the internship tracks

- [**Child, adolescent and pediatric psychology track**](#)
- [**Health psychology track**](#)
- [**Neuropsychology track**](#)

Child, Adolescent, and Pediatric Psychology Track

- [Supervisors](#)
- [Specific objectives](#)
- [Structure](#)
- [Clinical service description](#)
 - Outpatient therapy
 - Pediatric inpatient consultation-liaison
 - Pediatric psychosocial oncology
 - Neonatal behavioral assessment (NICU) and high-risk infant follow-up
 - Comprehensive psychological evaluation
 - Rush therapeutic day school group therapy
- [Seminars and supervision](#)

Supervisors

Michelle Greene, PhD, Nneka Onyezia, PhD, Jean Aschkenasy, PhD, Kyle Bersted, PhD

Specific objectives

Child, adolescent and pediatric training is dedicated to state-of-the-art delivery of psychological services for infants, children, adolescents, young adults, parents, and families. The goal is to produce competent clinical psychologists for applied and academic careers in pediatric mental health care. The training philosophy is grounded in two guiding principles: one, that health care is best provided through multidisciplinary collaboration between medical and behavioral sciences; and two, that psychopathology and mental health are best understood from a developmental perspective. Residents gain competency in traditional diagnostic and therapeutic approaches, cognitive-behavioral strategies, new and innovative techniques, brief and long-term treatments, inpatient consultations, and specialized services. Research opportunities across a range of topics are available.

Structure

Training is provided through the Department of Psychiatry and Behavioral Sciences and the Department of Pediatrics. Residents participate in all clinical services throughout the internship year (i.e., no rotations). This allows greater depth of learning and longer-term patient follow-up. These clinical services include:

- Outpatient therapy clinics (Medical Coping, Mood & Adjustment, Parenting & ADHD)
- Pediatric inpatient consultation-liaison (C/L)
- Pediatric psychosocial oncology
- Neonatal behavioral assessment (NICU) and high-risk infant follow-up
- Comprehensive psychological evaluation
- Therapeutic day school group therapy

For residents with special interests, the program provides opportunity for elective experiences and more focused training in particular clinical areas during one or both semesters. These are arranged on a case-by-case basis. Recent examples of these electives include:

- Pediatric/Adult neuropsychology evaluations (training provided by board certified neuropsychologists)

- Epilepsy and neurological service (rounds and clinic appointments with board certified pediatric neurologist)
- Diabetes service (multidisciplinary management of pediatric diabetics)
- Cranial-facial service (multidisciplinary assessment and team evaluations)
- Cystic fibrosis and pulmonology service (outpatient clinic and inpatient consultation)
- Palliative care service (work with a dedicated multidisciplinary team)
- Emergency department risk assessment (observation of child psychiatric assessment of suicidal intent and risk of self-injury)

Clinical service description

Outpatient therapy

Our outpatient therapy service is comprised of three separate specialty services: 1) Medical Coping Clinic; 2) Mood and Adjustment Clinic; and 3) Parenting and ADHD Clinic. Therapeutic services use empirically based approaches. Individual supervision is provided on a weekly basis.

Supervisors: Michelle Greene, PhD (Medical Coping; temporary), Jeannie Aschkenasy, PhD (Mood and Adjustment), Michelle Greene, PhD (Parenting and ADHD)

Pediatric inpatient consultation-liaison (C/L)

Fundamentals of inpatient consultation-liaison on medical units are taught. Residents interact closely with multidisciplinary teams of health care providers. Consultations may include diagnostic evaluations, developmental and psychological assessments, behavior management, parent and family counseling, individual therapy, staff guidance, and in-service presentations. The focus here is brief assessment and intervention where the primary goal is providing other health care providers with clinical information.

Supervisor: Kyle Bersted, PhD (temporary)

Pediatric psychosocial oncology

An experience in collaborative work between psychologists and other health care professionals (e.g., oncologists, medical residents, nurses, child life specialists) is provided in a setting of chronic and life-threatening illness. Training focuses on treatment of the most common clinical symptoms found in child, adolescent, and young adult cancer patients. These include depression, anxiety, pain, nausea, adherence problems, and loss of quality of life. Training includes supportive work in death and dying.

Supervisor: Michelle Greene, PhD (temporary)

Neonatal behavioral assessment (NICU) and high-risk infant follow-up

This is an experience in developmental screening and evaluation of infants and young children. Fundamentals of early development and assessment of normal, abnormal, and high-risk populations is taught through the use of the Brazelton Neonatal Behavioral Assessment Scale and the Bayley Scales of Infant Development.

Supervisor: Michelle Greene, PhD

Comprehensive psychological evaluation

This service provides residents with an opportunity to conduct comprehensive psychological evaluations of children and adolescents with attention deficit disorders, autism spectrum disorders, developmental delays, learning disabilities, internalizing/externalizing disorders, trauma-based disorders, seizure disorders, and other medical conditions. Most often these evaluations provide families/caregivers with diagnostic clarity in regards to their child's current presenting concerns. Training includes the use of empirically-supported measures to assess cognitive, language, adaptive, academic, social, and behavioral/emotional functioning. Opportunities to utilize neuropsychological measures to assess executive functioning and memory are also available. Current approaches to testing, scoring, and interpretation are taught. Additional areas of training include conducting diagnostic interviews and feedback sessions with families, as well as report writing. Therapeutic follow-up on a selective basis is available.

Supervisor: Kyle Bersted, PhD

Rush therapeutic day school group therapy

Residents join the day school psychologist in co-leading group therapy sessions (two per week) with emotionally and behaviorally disturbed children within a therapeutic day school. Residents develop practical knowledge in childhood psychopathology, group dynamics, and group intervention. Opportunities for psycho-educational evaluations are also available through this school setting.

Supervisor: Nneka Onyezia, PhD

Seminars and supervision

Attendance at Pediatric and Psychiatry and Behavioral Sciences grand rounds is highly recommended. Residents also attend seminars and teaching conferences designed for the entire residency class (nine residents across three training tracks). Clinical teaching is provided by a faculty of clinical psychologist from various theoretical backgrounds. Supervision and training include direct observation and modeling, co-participation, didactic teaching, and a combination of individual and group supervision. Residents receive a minimum of two to three hours of individual and two to three hours of group supervision per week.

Health Psychology Track

- [Specific objectives](#)
- [Structure](#)
- [Program description](#)
 - [Supportive Oncology](#)
 - [Rehabilitation Psychology](#)
 - [Outpatient Psychotherapy/Behavioral Medicine](#)
 - [Sleep Disorders](#)
- [Elective health rotations](#)
- [Health psychology seminars and supervision](#)

Specific objectives

The goal of the health psychology track is to advance the development of the intern as a competent health services psychologist through enhancement of core skills and abilities, as well as application of skills and abilities to the inpatient and outpatient medical setting. The specific objectives are to:

- Improve knowledge and skill in diagnostic evaluation, intervention, and consultation
- Increase facility in use of current science to inform clinical practice and clinical practice to inform scientific endeavors
- Increase knowledge of psychological issues and interventions in health and illness

Structure

The health psychology track interweaves core clinical rotations with health didactics. Each intern completes the four required clinical rotations:

- Supportive Oncology
- Rehabilitation Psychology
- Outpatient Psychotherapy/Behavioral Medicine (OPS/BM)
- Sleep Disorders

Each rotation lasts six months and is approximately 16-18 hours per week. Interns spend the first six months of the year on two rotations, then change to the second pair of rotations for the second six-month period. Inpatient rotations are always paired with outpatient rotations, so interns never have all inpatient or all outpatient training during the year.

Daily activities of the intern are designed to integrate all experiences necessary to achieve goals for internship. On all rotations, the intern functions as a full member of that clinical service, thus assuming the same range of responsibilities as supervisors, at the appropriate level of autonomy for each intern. The intern participates in all aspects of evaluation and treatment of the patient, receiving new patients as well as carrying an ongoing caseload. Activities include interviewing and testing; writing reports, consultations and treatment summaries; written and verbal communication

with referral sources and other professionals; “curbside” consultation; participation in unit and/or clinic patient staffings and family meetings; facilitation of support groups and presentation at rounds and clinical conferences. Time is allocated to the two simultaneous rotations as necessary on a daily basis. The intern and supervisor monitor the workload to meet intern training goals and abilities.

Program description

Supportive Oncology

Supervisors: Jay Behel, PhD (Acting Director), Lauren Rynar, PhD

The supportive oncology program plays a major role within the Rush University Cancer Center (RUCC). This service combines a breadth of disciplines (psychology, psychiatry, chaplaincy, Chinese medicine) and treatment modalities and focuses on evaluation and treatment of the most common disorders found in cancer patients, providing both inpatient consultation and outpatient services. A hybrid model, which includes both cognitive/behavioral orientation (with some existential and insight-oriented treatment where appropriate) and a disease-specific assessment of quality of life, is utilized. Interns apply assessment and treatment skills to illness, treatment, and survivorship-related problems including pain, nausea, swallowing difficulty, and noncompliance, as well as more generalized adjustment disorders, depression, anxiety, disease-specific quality of life concerns, and psychosocial issues associated with end of life.

Rehabilitation Psychology

Supervisors: Jay Behel, PhD (Director), Susan Buehler, PhD, Jamie Cvengros, PhD, Erin Emery-Tiburcio, PhD, Laurin Mack, PhD

This inpatient rotation applies core skills to training in (a) psychological and cognitive evaluation and treatment of acutely and chronically ill adults; and (b) the role of the psychologist in acute rehabilitation settings. All patient consultations include assessment of cognitive and psychological status. Based upon the evaluation, tailored psychological interventions are implemented. Primary medical diagnoses include stroke and other neurological disorders, amputation, recent cardiac or orthopedic surgery and cancer, although the majority of patients have multiple medical conditions. Patients also present with a range of psychological problems including depression, anxiety, PTSD and bereavement. Pain management and other health behaviors also are typical foci of treatment. Residents work primarily on three 14-bed inpatient rehabilitation units and function as an integral part of the interprofessional team, consulting with rehabilitation staff and participating in patient care conferences and family meetings.

Outpatient Psychotherapy/Behavioral Medicine

Supervisors: Joyce Corsica, PhD (Director), Lauren Bradley, PhD, John Burns, PhD, Mackenzie Kelly, PhD, Megan Hood, Ph.D, Nicole Heath, PhD, Natalie Stevens, PhD

The Outpatient Psychotherapy/Behavioral Medicine rotation focuses on the evaluation and treatment of a wide variety of psychological and health-related issues in medical center patients.

Typical presenting problems include depression, anxiety, adjustment to medical conditions (e.g., chronic pain), adherence to recommendations for medical conditions (e.g., diabetes, weight management), women's health issues, weight management, stress management, and anger management. Treatment approaches are empirically validated and include cognitive behavioral, interpersonal, psychodynamic, and client-centered treatment modalities.

Optional areas of focus within Outpatient Psychotherapy/Behavioral Medicine

- Obesity management: Specialty services for bariatric surgery patients include pre-surgical evaluations and cognitive-behavioral therapy for pre-surgical preparation and post-surgical adjustment. We also offer cognitive-behavioral treatment of obesity and/or disordered eating for non-surgical and medical weight management patients.
- Women's behavioral health: Specialty services for the evaluation and treatment of issues associated with female reproductive and sexual health including premenstrual mood changes, pregnancy-related depression or anxiety, postpartum adjustment, and mood changes that occur with menopause.
- Behavioral health in diabetes program: Individual psychotherapy for patients with Type 1 and Type 2 diabetes with a range of presenting problems, including concerns related to mood management, weight management, and adjustment to diabetes.
- Group therapy: Dialectical behavior therapy groups are available on an ongoing basis and occasionally additional groups, such as a stress and coping or stress eating group, are available as well. Interns may observe or co-lead groups with a faculty member or postdoctoral fellow. Training in marital and sex therapy may also be available through the Department of Psychiatry.

Sleep Disorders

Supervisors: James Wyatt, PhD, D. ABSM (Director), Liz Culnan, PhD (postdoctoral fellow)

The Sleep Disorders Service and Research Center (accredited by the American Academy of Sleep Medicine) is a diagnostic and treatment facility for persons with sleep disturbances. Within the Sleep Center, the behavioral sleep medicine (BSM) service provides interns with an opportunity to gain experience in the diagnosis of major sleep disorders, to learn behavioral applications to the treatment of sleep disorders, and to understand the role that behavioral specialists can play within an interdisciplinary sleep center. The service is primarily outpatient and includes assessment and treatment for patients of all ages. The initial evaluation includes a clinical interview to determine the nature of the sleep problem and differential diagnoses. Following the initial evaluation, patients may have further diagnostic workup in the sleep laboratory. Treatments include cognitive-behavioral therapy for insomnia, adherence to positive airway pressure treatment, and coping with chronic sleep disorders. The Sleep Center team includes psychologists, neurologists, and pulmonologists. All team members participate in new patient staffings and Sleep grand rounds. The BSM program is accredited by the Society for Behavioral Sleep Medicine to provide training in preparation for certification in BSM (CBSM).

Elective Health Rotations

Elective rotations provide the flexibility for each intern to develop a training program that best meets his/her professional goals. Electives are highly flexible, but for example, may be a two - to five-hour per week experience that lasts two to five months. Interns are able to begin electives after they have successfully negotiated the first quarter of the training year. Eligible interns select or propose electives in consultation with the training director and the faculty member overseeing the elective. Electives may have a clinical or a research emphasis.

Health Psychology Seminars and Supervision

Each of the four health track rotations have scheduled weekly meetings in which concepts, research, and skills training pertinent to the functioning of a psychologist in the specialty area are covered. These required clinical case conferences, journal clubs, walk rounds, and didactic sessions enrich the intern's face-to-face clinical experiences in the rotation. The seminars provide opportunities for advanced-level skill building in the areas of assessment, intervention, and consultation, and increase the intern's body of knowledge regarding medical conditions and psychological issues germane to the particular patient population seen.

Supervision is the critical component of the internship training experience. Across the year, the intern will work with the majority of the health track supervisors in order to be exposed to multiple orientations and areas of expertise. The intern has at least one assigned individual supervisor (usually two) for each rotation. Supervisor and intern meet at least weekly for regularly scheduled individual supervision or as frequently as necessary. Supervisor orientation is primarily cognitive-behavioral with considerable use of interpersonal and dynamic approaches as well.

Neuropsychology Track

- [Supervisors](#)
- [Specific objectives](#)
- [Structure](#)
- [Program description](#)
- [Neuropsychology seminars and supervision](#)

Supervisors

Christopher Grote, PhD, ABPP/CN (Director), Suzanne Musil, PhD, ABPP/CN, Joyce Tam, PhD

Specific objectives

Neuropsychology is a subspecialty within clinical psychology and neuropsychologists are scientist-practitioners. Neuropsychologists must know their patients, the natural history of illness and injury, and individual variations in disease. Thus, we train residents as general clinical psychologists with broad knowledge of neuropsychology and psychopathology. Specifically, we prepare residents to be competent diagnosticians, therapists, and counselors; to be competent giving and interpreting a wide variety of tests and procedures; to understand and integrate medical and other data; to consult with other professionals; and to counsel patients and their families.

Structure

Residents see outpatients in the Division of Behavioral Sciences and consult on hospital referrals from neurology, psychiatry, rehabilitation medicine, and other services. There are no “rotations.” Instead, interns rotate between “inpatient” and “outpatient” weeks throughout their 12 months at Rush to ensure their exposure to the widest variety of cases and presenting problems. In addition, residents provide psychotherapy services to outpatients, many of whom were referred for treatment by the neuropsychology service. They also will provide cognitive remediation to outpatients through the Rush Center for Cognitive Resilience.

Program description

We consult on and contribute to the diagnosis and management of a wide variety of patients referred by neurology, neurosurgery, psychiatry, internal medicine, surgery, rehabilitation, and other services. Common patient populations include epilepsy, brain tumor, stroke, dementia, autoimmune and inflammatory disorders (multiple sclerosis, lupus, cerebritis, vasculitis, etc.), traumatic brain injury, and organ transplant. In addition to pre- and post-surgery evaluations for epilepsy and brain tumors, we also perform Wada procedures and assist with intra-operative language mapping. There is also an emphasis on neuropsychological and psychological evaluation of patients with behavioral and psychiatric disorders, such as the schizophrenia, delusional, major affective, anxiety, adult attention deficit, and substance abuse/dependency disorders. We evaluate mostly adults, with occasional opportunities to assess children and adolescents (age seven and up).

In addition to traditional neuropsychological assessment, we established the Rush Center for Cognitive Resilience in fall 2014. The goal of the center is to improve quality of life among patients with cognitive impairment through individualized cognitive remediation programs. Residents are encouraged to see patients in the center, under the guidance of the supervising neuropsychologists.

While we emphasize that the primary purpose of the residency is to develop clinical competence, research activity is also expected and is supported. Interns are given a chance to work with faculty on their research projects and/or to conduct original research that is in addition to their dissertation project. Of course, completion of one's dissertation is of paramount importance, and we highly encourage interns to have the dissertation defense scheduled prior to the scheduling of interviews for postdoctoral fellowship opportunities. Current faculty research projects include those related to epilepsy, non-epileptic seizures, aging and dementia, and ethics.

Residents are first introduced to clinical activities of attending neuropsychologists and accompany them during examinations. They are then responsible for their own patients, including the initial discussions with referral sources, chart review and gathering of collateral data, the examination itself, charting, oral and written reports to referral sources, and consultation with patient, family, and external agencies.

Neuropsychology seminars and supervision

In addition to seminars required of and the various Medical Center activities open to all interns, there are required topical seminars/lectures and regularly scheduled meetings for neuropsychology staff and interns, and elective courses, seminars and lectures. The topical seminars and lectures include Report Writing, Walk and Consultation Rounds (Neurology), Neurological Examination, Epilepsy/EEG, Wada, Movement Disorders/Neurology, Movement Disorders/ Neuropsychology, Alzheimer/Vascular Dementia, Multiple Sclerosis, Brain Mapping/Evoked Potentials, Dystrophies, EMG, and Neuroradiology. The required lectures/seminars/rounds include neuropsychology case conference (weekly), Neuropsychology Journal Club (weekly), epilepsy surgery rounds (during inpatient weeks), Neurology Grand Rounds (weekly), and Psychiatry and Behavioral Sciences Grand Rounds (weekly). Other didactic opportunities are widely available at the medical school and medical center.

Supervision is intensive, individualized, and provided on all cases immediately. Supervision is rotated among the neuropsychology staff, so interns have the opportunity to work with all neuropsychology faculty.

Internship Training Seminars

Interns are required to attend a half-day (Thursday afternoons) of seminars that are offered by department faculty and are held throughout the training year. Interns meet for lunch bi-weekly with the director of clinical training and on alternate weeks attend a support group for psychology interns. Following lunch, the Teaching Conference is a didactic seminar which meets weekly for 90 minutes and covers advanced assessment and treatment issues, including empirically-supported treatments, ethical and professional issues, and issues of cultural and individual diversity. The Psychotherapy Case Conference meets every other week for 90 minutes and focuses on presentation and discussion of diverse diagnostic and treatment cases. The Research Seminar meets monthly and focuses on research questions and methodologies.

Each of the three internship tracks also requires and provides other track-specific seminars, as detailed in the individual track descriptions. The department also maintains a research colloquium series, which focuses on significant research investigations carried out here and elsewhere. In addition, the medical center is replete with opportunities for additional didactic learning. Most departments in the medical center offer grand rounds, conferences and topical seminars that interns are also able to attend.

Research Opportunities

Although the internship at Rush is primarily a clinical year, interns are expected to devote 10 percent of their time to research. Most internship supervisors are involved in active programs of research, reflecting the department's emphasis on both the science and the practice of psychology. As a result, a wide variety of research opportunities are available. Interns are presented with all faculty members' research projects and opportunities at the start of the year so that they may align themselves with specific faculty members' research interests. Faculty actively publish their research in scholarly journals and the number of publications has risen dramatically over the past five years. Faculty profiles and selected publications can be viewed [here](#).

We also offer a monthly Research Seminar led by one of our highly funded researchers. Topics covered include writing an NIH biosketch, how to manage academic writing, and new statistical methods, and approaches to behavioral sciences research. A portion of the seminar is devoted to interns to share progress on their research goals and/or raise concerns, problems, or stumbling blocks with their research goals.

To provide an opportunity to develop skills in presenting research and to give faculty a chance to learn about interns' dissertation research, interns give a brief (20-minute) research presentation at the department's monthly psychology Grand Rounds.

Environment and Hours, Evaluation Procedures, and Stipend and Benefits

- [Environment and hours](#)
- [Evaluation procedures](#)
- [Stipend and benefits](#)

Environment and hours

Rush offers a truly beautiful work environment. This includes an award-winning hospital and a Behavioral Sciences Department and Clinic location in a marble high rise medical building across the street from the main hospital. Psychology interns work in medical center inpatient units and outpatient clinics, as well as the Department's Psychology Clinic and Department of Pediatrics treatment rooms. Health and Neuropsychology interns share nicely appointed offices with a view of the city and the medical center, have individual desks and ample storage, and desktop computers with Windows, Outlook, and SPSS. Child/Adolescent/Pediatric interns have similarly appointed individual offices.

Interns are expected to be at the medical center from 8 a.m. to 5 p.m., Monday through Friday. However, some interns attend seminars or rounds that begin at 7 a.m., and others may stay past 5 p.m. to complete their work, including test scoring and report writing. The average hours spent in the internship over the past three years is 45-50 hours per week. Interns do not see outpatients during evening or weekend hours, nor do they have on-call duties. Interns should not work more than 60 hours per week, and even hours approaching this level of work should be temporary, for an occasional week during the training year. Interns are encouraged to report excessive work hours to the training director, who will review the situation with supervisors and identify ways to reduce duty hours. This limitation serves to enhance the educational goals and learning objectives of the program and the well-being of the intern.

Evaluation procedures

By the end of the training year, the intern is expected to be prepared for competent, independent clinical practice. To this end, evaluation procedures are instituted to ensure the intern's progress throughout the year, to provide feedback when changes are necessary, and to give the intern a clear idea whether or not he or she is proceeding satisfactorily and if there will be any difficulty in finishing the internship successfully. Evaluations are conducted four times per year, at three months, six months, nine months, and 12 months of the internship. All evaluations are completed through a computerized evaluation system (MedHub). The six-month and 12-month evaluations are considered more formal, wherein after all supervising faculty have completed their evaluation of the intern's progress, the track director, intern, and training director meet to formally review the intern's performance, including areas of strength and need for improvement. These evaluations are summarized in an overall evaluation report which is sent to the intern's home clinical training director.

At each evaluation period, each intern is asked to comment on his or her experiences and to evaluate the track and program. These comments are used to address specific intern needs as they change through the year. At the end of the training year, anonymous written evaluations of the program and of all supervisors are required from each intern. These are compiled by the director of clinical training and, together with earlier less formal intern comments, used to modify training policies, and to give feedback to clinical supervisors.

The program has written due process and grievance procedures in place should they be necessary. These documents are distributed and reviewed during internship orientation at the start of the year, and may be reviewed upon request.

Stipend and benefits

Stipends are provided through the Medical Center and are currently \$33,271. Intern stipends are adjusted each May for the following training year. Fringe benefits are excellent and include:

- Free individual premiums and (very) low-cost family premiums for health insurance
- Dental insurance, life insurance, malpractice insurance, disability insurance
- Prescription benefits
- Parking
- Access to the McCormick Educational Technology Center (METC) and the Library of Rush University
- Four weeks of vacation/professional time
- Flexible Wellness stipend of \$350
- Up to \$1,000 continuing education reimbursement for conference and workshop registration
- Flexible spending accounts
- 403(b) plan