



**Doctoral Internship Training in Health Service Psychology
Marcus Autism Center at Emory University Department of Pediatrics
Program Brochure 2021-2022
(Revised July 2020)**

APA-ACCREDITED*

*Questions regarding the program's accreditation status should be directed to:

The Commission on Accreditation
Office of Program Consultation and Accreditation
American Psychological Association
750 First St., N.E. Washington, DC 20002
Phone: (202)-336-5979
E-mail: apaaccred@apa.org;
website: <http://www.apa.org/ed/accreditation>

The Marcus Autism Center (MAC) is a National Institutes of Health **Autism Center of Excellence (ACE)** and it comprises the *Division of Autism and Related Disorders* in the Emory University School of Medicine's Department of Pediatrics. One of the nation's largest centers for autism and related disorders, serving over 5000 cases annually, the Center provides assessment and treatment services; conducts translational research in the lab, in the session room, and in the community; and offers training for many disciplines at every education levels. In this context, the *Doctoral Internship in Health Service Psychology* provides training in a scientist practitioner model which asserts that the principles and procedures of *science* form the basis for not only research into the biological, psychological and social elements of the person, but also for providing ethical clinical service. Accordingly, the internship utilizes data-based diagnostic and treatment procedures that are consistent with basic principles of learning and developmental psychopathology as embodied in the research literature.

Our training promotes special expertise in applied behavior analysis, and/or psychodiagnostic assessment for developmental disabilities. As a national leader in the field of autism, Marcus Autism Center also provides standards of best practice in diagnostic and clinical evaluation, as well as in treatment and intervention activities; all of these conform to established ethical guidelines of the American Psychological Association, the National Standards Project (for autism spectrum disorders) and the Association for Behavior Analysis International. The Internship at Marcus offers a tailored curriculum providing didactic and clinical training designed to meet the skill level and learning objectives of each intern. The internship offers the opportunity to match in one of five tracks focus on either (1) diagnostic and clinical assessment of autism spectrum and developmental disorders; or (2) applied behavioral analysis and other behavioral treatment modalities. Although they emphasize distinct areas of practice, all tracks endeavor to (A) train providers with the core skills required to provide clinical assessment and treatment services, to children and families, (B) create a learning environment where people effect treatment, research, and teaching characterized by respect, openness, and compassion toward others, and (C) foster skills, values, and awareness that promote the application of research science to innovate clinical practice within a pediatric medical clinic.

MISSION AND GUIDING PRINCIPLES

The Marcus Autism Center aims to transform the field of autism spectrum disorder and related conditions through state-of-the-art, evidenced based assessment, intervention, training and research. In doing so, we are:

- oriented to children
- propelled by our people
- driven by science in every domain
- inspired by innovation and excellence
- connected by dialogue
- guided by compassion
- empowered by responsibility with our resources.

VALUING DIVERSITY

The Internship, in alignment with Emory University and MAC as a whole, values diversity and welcomes patients, trainees, staff members and visitors of diverse backgrounds. The Marcus doctoral psychology internship, including its faculty and related staff, does not discriminate on the basis of age, ability status, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation or socio-economic status. The internship follows the policies of the Children's Healthcare of Atlanta (CHOA), the laws of the state of Georgia and the United States, and strives to meet the standards for diversity set by APA. We believe that for our training program to be excellent, we must be attentive to individual and cultural diversity, and to this end, we value, appreciate, encourage and support a workplace culture that includes diversity. We value cultural competence and a commitment to show sensitivity when interacting with peers, colleagues, supervisors, supervisees, and patients, and we strive to incorporate multicultural considerations in all of our scholarly, clinical, and training endeavors. We support adherence to the *Guidelines on Multicultural Education, Training, Research, Practice, and Organization Change for Psychologists* (American Psychological Association, 2002).

TRAINING PHILOSOPHY

The Doctoral Internship provides training within a scientist practitioner model centered on the idea that principles and procedures of science for studying biological, psychological and social elements of the person form the basis not only for effective research, but also for ethical clinical services. Accordingly, the Internship utilizes data-based diagnostic and treatment procedures that are consistent with basic principles of learning and developmental psychopathology as embodied in the research literature, emphasizing special expertise in applied behavior analysis, developmental disabilities, and/or psychodiagnostic assessment.

TRAINING AIMS

As one of the key programs that support the teaching mission of MAC, the Internship holds a general aim of training future providers who will continue to live out the Guiding Principles listed above, which shape all activities at the Center. In this context, the Internship pursues the following three general aims, which align the values of the Center with competencies that are fundamental to practice in the area of health services psychology.

A. **To train providers with the core skills required to provide clinical services, while prioritizing the needs and interests of children and families.** The following goals and competencies are aligned with this aim:

1. **INDIVIDUAL AND CULTURAL DIVERSITY:** Interns will demonstrate an intermediate to advanced level of professional psychology skills, abilities, proficiencies, and knowledge related to individual and cultural diversity (ICD) as they pertain to all areas of professional practice.

Objective 1(A) Interns will demonstrate through discussion and/or action, an awareness of elements of diversity in their own lives and how these elements may affect their professional thinking and behavior.

Objective 1(B) Interns will show an understanding of the implications of ICD for professional activities in assessment, treatment, research, consultation, and training/supervision, including detecting areas of knowledge about ICD which warrant additional study, training and/or consultation.

Objective 1(C) Interns will consistently show sensitivity and adaptability in responding to ICD and to apply them to core areas of practice.

2. **ASSESSMENT:** Interns will demonstrate an intermediate to advanced level of professional psychology skills, abilities, proficiencies, and knowledge required competently to conduct psychological assessment.

Objective 2(A) Interns will be able to select appropriate standardized and/or clinical measures to use in addressing the referral question and be able to administer and score these tools with fidelity.

Objective 2(B) Interns will independently conduct effective initial clinical interviews

Objective 2(C) Interns will be able to describe assessment instruments/methods (including strengths and limitations) and how they may be used.

Objective 2(D) Interns will demonstrate awareness of issues of human development and diversity in using assessment or diagnostic information for case conceptualization and treatment planning.

Objective 2(E) Interns will demonstrate proficiency in writing assessment reports that integrate findings in a way that is accurate and is clear to professionals and consumers.

Objective 2(F) Interns will demonstrate proficiency in providing the results of the assessment in oral feedback to caregivers in a way that is accurate and is clear.

3. **INTERVENTION:** Interns will demonstrate an intermediate to advanced level of professional psychology skills, abilities, proficiencies, and knowledge required to implement effective interventions (including empirically supported treatments).

Objective 3(A) Interns will independently develop case conceptualizations and treatment planning that includes consideration of developmental, individual and cultural differences.

Objective 3(B) Interns will independently create treatment goals, select appropriate treatment options, and incorporate ongoing assessment results into treatment planning as needed.

Objective 3(C) Interns will demonstrate advanced clinical skills and the ability to flexibly utilize them, even in difficult clinical situations.

Objective 3(D) Interns will demonstrate proficiency in understanding standard treatment protocols and in independently administering them with high fidelity.

Objective 3(E) Interns will demonstrate the ability to generalize skills (e.g., teaching, assessment, behavior management) across clients, settings, and scenarios when appropriate.

Objective 3(F) Interns will demonstrate the ability to apply scientific methodology to evaluate treatment progress.

4. CONSULTATION and INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS:

Interns will demonstrate an intermediate to advanced level of professional psychological skills, abilities, proficiencies, competencies, and/or knowledge related to consultation and interprofessional/interdisciplinary skills.

Objective 4(A) Interns will demonstrate an understanding of the fundamental skills and roles involved in consultation.

Objective 4(B) Interns will be able to select appropriate and contextually sensitive assessment/data gathering that answer consultation question.

Objective 4(C) Interns will propose an appropriate plan of action in response to a consultative referral question.

Objective 4(D) Interns will demonstrate proficiency in identifying, analyzing and responding to key ethical issues unique to consultative relationships.

Objective 4(E) Interns will be able to describe how other professions can make positive contributions to clinical care of shared patients, including demonstrating awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems (e.g., theoretical differences, training experiences, purpose of practice).

Objective 4(F) Interns will participate and initiate interdisciplinary collaboration/consultation directed toward shared goals.

B. To create a learning environment where people effect treatment, research, and teaching while engaged in dialogue that is characterized by respect, openness and compassion. The following goals and competencies are aligned with this aim:

5. PROFESSIONALISM: Interns will demonstrate an intermediate to advanced level of skills, abilities, proficiencies, and knowledge necessary to be competent with regard to professionalism in values, attitudes and behaviors.

Objective 5(A) Interns will monitor and resolve situations that require integrity, honesty, personal responsibility, and accountability.

Objective 5(B) Interns will demonstrate professional deportment: self-presentation, dress, behavior, communication in professional situations.

Objective 5(C) Interns will demonstrate the ability to understand the concern for the welfare of others which is at the core the profession of psychology, to

assimilate this concern with the core values of the workplace, and to translate it in their work as health service providers.

Objective 5(D) Interns will demonstrate self-awareness and self-direction, related to professional behaviors, and to seek related supervision as appropriate.

Objective 5(E) Interns will be able to articulate a coherent professional identity that is consistent with the broader profession of psychology and takes into account pertinent current events in the field.

Objective 5(F) Interns will demonstrate awareness of their own bounds of competence and actively seek guidance, coaching, and/or feedback from their supervisor.

Objective 5(G) Interns will be prepared for supervision and demonstrate reflection on their own practices within supervision.

Objective 5(H) Interns will self-monitor issues related to self-care and promptly intervene when disruptions occur.

6. COMMUNICATION & INTERPERSONAL SKILLS: Interns will demonstrate an intermediate to advanced level of skills, abilities, proficiencies, and knowledge necessary to demonstrate competent communication and interpersonal skills.

Objective 6(A) Interns will demonstrate the ability to establish and maintain good rapport with clients, patients, supervisors, trainees, and other stakeholders.

Objective 6(B) Interns will be able to demonstrate clarity, accuracy, professional vocabulary and usage, and parsimony in oral and written communications.

Objective 6(C) Interns will demonstrate self-awareness and self-modification related to non-verbal communications, including appropriate management of their own affect.

Objective 6(D) Interns will demonstrate strategies to recognize, articulate, and resolve interpersonal differences or conflicts.

7. ETHICAL AND LEGAL STANDARDS: Interns will demonstrate an intermediate to advanced level of professional psychology skills, abilities, proficiencies, competencies, and knowledge related to ethical and legal standards.

Objective 7(A) Interns will demonstrate the ability to describe and apply general ethical principles, and to recognize possible breaches of the APA code of conduct.

Objective 7(B) Interns will be able to articulate and discuss the potentially competing interests among the general ethical principles, and to delineate a model by which ethical decisions may be achieved.

Objective 7(C) Interns will be able to describe hypothetical inconsistencies between ethical principles and guidelines versus laws or administrative policies that also guide professional behavior; as well as delineate possible processes by which ethical decisions and actions may be achieved in this context.

Objective 7(D) Interns will demonstrate proficiency in identifying, analyzing, and responding to key ethical issues related to professional practice: research, individual and cultural differences, clinical care (assessment, intervention, consultation), and supervision.

C. To foster skills, values and awareness that promote the use of science in making contributions to the field through scholarly and teaching pursuits that are innovative, excellent and take into account responsible use of resources.

The following goals and competencies are aligned with this aim:

8. RESEARCH & SCHOLARLY ACTIVITIES: Interns will demonstrate an intermediate to advanced level of professional psychological skills, abilities, proficiencies, and knowledge necessary to generate and translate research.

Objective 8(A) Interns will demonstrate advanced knowledge of scientific foundations of psychology, including core science (i.e., biological, environmental, cognitive, and affective), human development, and empirically-supported assessment and intervention for individuals with developmental disabilities.

Objective 8(B) Interns will demonstrate an advanced understanding of and appreciation for research methodology, data collection and analysis.

Objective 8(C) Interns will independently consume and discuss scientific literature in applying these findings to their own clinical practice and/or research.

Objective 8(D) Interns will demonstrate independence in scholarly endeavors. Examples may include: independently develops research questions/studies, queries existing data bases, or presents professional advances in publication or at conferences.

Objective 8(E) Interns will demonstrate the ability to understand and communicate scholarly findings to others (e.g., supervisors, supervisees, other researchers/practitioners, caregivers).

9. SUPERVISION: Interns will demonstrate an intermediate to advanced level of professional psychological skills, abilities, proficiencies, and/or knowledge required to provide competent supervision.

Objective 9(A) Interns will be able to describe the ethical, legal, and contextual responsibilities and priorities in relationships between supervisors and supervisees.

Objective 9(B) Interns will be fluent in describing the primary model(s) that guide their provision of supervision.

Objective 9(C) Interns will demonstrate awareness of the impact of personal perceptions and styles on their relationships with supervisees and of those of supervisees' on their relationship with clients.

Objective 9(D) Interns will demonstrate proficiency in assessing, guiding and correcting the work of individuals under their supervision, including appropriate responses to potentially problematic supervision situations.

CURRICULUM

The Internship's philosophy of education holds that one best learns by studying and doing. Based on each intern's level of professional development, training proceeds in a progressive manner. Interns initially observe clinical cases with comment from the

licensed psychologist supervisor, read select articles/chapters, and receive other forms of instruction to familiarize the intern with the particular issues involved with patients/families. The interns rapidly proceed to conducting sessions independently with frequent supervision and feedback, and they then progress to become more independent while increasing the number and types of cases with more complexity. Through the year, interns obtain over 500 hours of patient contact—more than the national standard. Licensed psychologist supervisors arrange multiple opportunities for interns to acquire skills by providing clinical services and conducting research. There are also opportunities for clinical education by professionals from other disciplines, including occupational therapists, physicians and nurse practitioners (developmental-behavioral pediatrics, psychiatry), professional counselors, social workers, and speech pathologists. Learning is further supported by a didactic curriculum that was developed by Internship faculty to address core competence areas of professional psychology in health service settings and to provide advanced knowledge about autism and related conditions.

PRIMARY METHOD OF INSTRUCTION: SUPERVISED CLINICAL EXPERIENCES

The overarching goal of our internship program is to prepare students to function as psychologists in a variety of settings, including as members of interdisciplinary teams providing health related services to children and their families. Training occurs through supervised experiences in outpatient and day treatment programs. Interns completing our internship are well qualified to enter clinical, medical, or academic settings. Currently four tracks separately admit interns to focus their training on either assessment or clinical intervention.

Supervision of interns. At least one licensed psychologist is responsible for providing close supervision of the intern's performance on each clinical case. Interns consult daily with a faculty case manager to review case responsibilities, selection and implementation of measurement and treatment procedures, data interpretation, and treatment planning. In addition, there are opportunities for direct observations with feedback both in vivo and by video recording, as well as co-therapy with faculty members. Throughout the Marcus Autism Center there are rooms equipped with two-way mirrors and/or video recording equipment that feed live or recorded video to any computer in the building—including in faculty offices. The program strictly adheres to the APA guidelines of two hours of individual (face to face) and two hours of additional (group or individual) supervision per week, with at least 80% coming from a licensed psychologist. A secondary licensed supervisor (e.g., psychiatrist, social worker, counselor, marriage and family therapist) or postdoctoral psychology resident may provide up to 20% of interns' supervision. Interns also have a chance to collaborate and learn from other professional providers.

CLINICAL ASSESSMENT AND DIAGNOSTICS TRACK (2 positions)

The **Clinical Assessment and Diagnostics** (CAD) department emphasizes flexible,

empirically supported approaches to clinical assessment in the context of an interdisciplinary framework. Across the year, interns will train 2 ½ to 4 ½ days a week conducting evaluations within the CAD department. The CAD department is a multidisciplinary clinic and research enterprise that provides diagnostic assessments of individuals with a wide range of neurodevelopmental disorders. Children seen in the CAD clinic range from infancy to late adolescence with a focus on children ages 16 months to 6 years. Each child is assessed for Autism Spectrum Disorder as well as the many differential diagnoses commonly seen in this population, including developmental delay, intellectual disability, anxiety disorders, behavioral disorders, ADHD, genetic syndromes, such as Fragile X syndrome, as well as many others. The children seen in the CAD are highly diverse in their race, ethnicity, urbanicity, socioeconomic status, and age. These assessments are designed to identify cognitive and developmental strengths and weaknesses, assess adaptive functioning, provide diagnostic clarification, and to determine the need for intervention. Assessments incorporate measures of development, cognition, play, and adaptive behavior. Assessment of language, visual-motor skills, and behavior are included as needed. This rotation provides the opportunity to work on cases within a multidisciplinary team that includes clinical psychologists, as well as developmental pediatricians, psychiatrists, nurse practitioners, speech and language pathologists, and social workers/case managers on a case by case basis. Opportunities to conduct diagnostic assessments within one or more of the over 25 active research studies are also available. Interns typically complete a ½ day minor rotation throughout the entire year as well as another ½ -2 day(s) rotation during the second semester. Possible minor rotations may be available in the Severe Behaviors Department, Feeding Department, and/or the Neuropsychology Department.

Minor Rotation Options

RUBI-Parent Training Program (minor rotation) within the **Severe Behaviors Program** is an outpatient program developed and shown to decrease challenging behaviors in children with Autism Spectrum Disorder (ASD) between the ages of 3 and 10. The program involves teaching parents a number of strategies to prevent, manage, and reduce occurrences of problem behaviors of mild to moderate severity while promoting skill development.

The Brief Behavior Intervention (BBI) Program (minor rotation) within the **Severe Behaviors Program** is a weekly outpatient program. Children have a variety of problem behaviors of moderate to high severity, including aggression, self-injury, noncompliance, disruptive behavior, elopement, and pica. Targeted treatment goals are achieved through the therapist coaching the caregiver in completing a functional analysis and implementing treatment. There is a heavy emphasis on parent training, with the caregivers rehearsing skills both during the appointment as well as between appointments.

The **Pediatric Feeding Clinic (minor rotation)** offers interns the opportunity to treat children ages 9 months to 21 years who do not consume enough volume or variety of food to maintain adequate growth or nutrition. Children with this level of feeding disorder fall under the broader psychiatric diagnosis of Avoidant-Restrictive Food Intake Disorder (ARFID).

The **Early Intervention Program (minor rotation)** is an outpatient parent coaching program designed to support families of toddlers with or at-risk for autism spectrum disorder (ASD) in developing play, communication, social engagement, and imitation skills. The program uses the Project ImPACT curriculum, which has been shown to build skill in young children with ASD and other developmental delays through integrating behavioral and developmental treatment strategies. The program emphasizes active parent participation within and between sessions.

The Cognitive-Behavioral Therapy for Anxiety program (minor rotation) is an outpatient therapy program. The program is aimed to treat youth diagnosed with autism spectrum disorder and co-morbid anxiety disorders. This program is currently offered in an individual context via telemedicine. The clinic utilizes the Facing Your Fears Program, which uses cognitive behavioral principles to help youth develop their awareness and insight into their anxiety and/or fears and learn ways to effectively manage their symptoms. The program actively involves parents via a parent education component. *This minor rotation is for persons with graduate practicum experience in delivering individual/group therapy to any child/adolescent with or without ASD.*

The **Neuropsychology at Children's Healthcare of Atlanta (minor rotation)** provides opportunities for interns to gain extensive experience in neuropsychological assessment of child patients with acquired brain injury, neurodegenerative diseases, stroke, epilepsy, and other neurological conditions. Under the supervision of neuropsychology faculty, interns learn: (1) diagnostic interview techniques for neurological populations; (2) design of flexible test batteries to address referral questions; (3) neuropsychological test administration, scoring, and interpretation; (4) production of oral and written reports for lay persons and health care professionals; and to a lesser extent, (5) differential diagnosis of neuropsychological syndromes and disorders; (6) development of rehabilitation plans and recommendations. Supervised experience in conducting Wada Tests and Cortical Language Mapping in temporal lobe epilepsy surgery candidates is available primarily in the child rotation, although occasionally in the adult rotation as well. Interns learn effective interview techniques with neurologically-impaired clients and gain a basic familiarity with selection of tests, administration and scoring of tests, interpretation of results, and oral and written communication of findings. Interns also have access to journal clubs, and case reviews, as well as an opportunity to observe neurosurgery. **The availability of this rotation is based on continued budgetary approval.**

PEDIATRIC FEEDING TRACK (2 positions)

The **Pediatric Feeding Track** offers an intern the opportunity to work with children ages 9 months to 21 years who do not consume enough volume or variety of food to maintain adequate growth or nutrition. Children with this level of feeding disorder fall under the broader psychiatric diagnosis of Avoidant-Restrictive Food Intake Disorder (ARFID). ARFID in pediatric populations often co-occurs with complex medical and/or developmental conditions (e.g., pre-maturity, gastrointestinal, cardiac, food allergy,

autism); therefore, this rotation offers interns a breadth of training opportunities with a diverse range of patients. Our model of care involves multidisciplinary assessment and treatment and throughout the training year interns gain experience working with a team that includes physicians, nurse practitioners, dietitians, speech-language pathologists, an occupational therapist, and a social worker.

The Pediatric Feeding Track offers a scientist practitioner model of training. Our clinic integrates science and best practices by involving a data-driven decision-pathway model of care that also facilitates new discoveries through single-subject research. The model of supervision is behavioral and involves competence-based benchmarks. The supervisor provides modeling and performance feedback with heavy oversight initially and support is faded as the internship progresses.

The intern in the Pediatric Feeding Track will spend a full year training in clinical experiences that include feeding assessments, intensive day treatment, and outpatient therapy. Across these areas, interns will gain experience with treatment approaches that include applied behavior analysis, parent training, parent-child interaction therapy, and manual-based interventions. In addition to feeding, treatment often focuses on associated behavioral/pediatric concerns including sleep, toileting, and disruptive behavior. Professional opportunities include participating in grant funded and/or clinical research projects, presentations at regional and national conferences, and supervision of others.

Interns will also have the opportunity to conduct a minor rotation (1/2 day a week) in a clinic outside of the Pediatric Feeding Program throughout the entire year. Minor rotations may be available in the Clinical Assessment and Diagnostics Department or Severe Behaviors Department.

Possible Minor Rotations Options

RUBI-Parent Training Program (minor rotation) within the **Severe Behaviors Program** is an outpatient program developed and shown to decrease challenging behaviors in children with Autism Spectrum Disorder (ASD) between the ages of 3 and 10. The program involves teaching parents a number of strategies to prevent, manage, and reduce occurrences of problem behaviors of mild to moderate severity while promoting skill development.

The Brief Behavior Intervention (BBI) Program (minor rotation) within the **Severe Behaviors Program** is a weekly outpatient program. Children have a variety of problem behaviors of moderate to high severity, including aggression, self-injury, noncompliance, disruptive behavior, elopement, and pica. Targeted treatment goals are achieved through the therapist coaching the caregiver in completing a functional analysis and implementing treatment. There is a heavy emphasis on parent training, with the caregivers rehearsing skills both during the appointment as well as between appointments.

The **Clinical Assessment and Diagnostic Department (minor rotation)** is a multidisciplinary clinic that provides diagnostic assessments of individuals with a wide range of neurodevelopmental disorders with a possible autism spectrum disorder. Children seen in the CAD clinic range from infancy to late adolescence with a focus on children ages 16 months to 6 years.

Long-term Follow Up (minor rotation) within the **Severe Behaviors Program** is a service provided to children after completion of day-treatment and short-term follow-up. Clients are transferred to long-term follow-up approximately 6 months after discharge and most clients are seen every 1-3 months. This program provides experiences in maintenance of behavioral interventions.

The **Early Intervention Program (minor rotation)** is an outpatient parent coaching program designed to support families of toddlers with or at-risk for autism spectrum disorder (ASD) in developing play, communication, social engagement, and imitation skills. The program uses the Project ImPACT curriculum, which has been shown to build skill in young children with ASD and other developmental delays through integrating behavioral and developmental treatment strategies. The program emphasizes active parent participation within and between sessions.

The Cognitive-Behavioral Therapy for Anxiety program (minor rotation) is an outpatient therapy program. The program is aimed to treat youth diagnosed with autism spectrum disorder and co-morbid anxiety disorders. This program is currently offered in an individual context via telemedicine. The clinic utilizes the Facing Your Fears Program, which uses cognitive behavioral principles to help youth develop their awareness and insight into their anxiety and/or fears and learn ways to effectively manage their symptoms. The program actively involves parents via a parent education component. *This minor rotation is for persons with graduate practicum experience in delivering individual/group therapy to any child/adolescent with or without ASD.*

SEVERE BEHAVIOR PROGRAM TRACK (1 position)

The **Severe Behavior Program** provides a continuum of services for individuals with developmental disabilities between the ages of 2 and 21 years who display severe destructive behavior such as self-injurious behavior (SIB), aggression, property destruction, noncompliance, tantrums, elopement, pica and toileting deficits. The primary goals of the program are to: (a) serve as a model for the evaluation and treatment of destructive behavior displayed by persons with developmental disabilities, (b) foster the development of new therapeutic procedures through systematic research on the nature and management of destructive behaviors, and (c) promote the effective application of currently available treatments through training and consultation. The goal for each child is to decrease the occurrence of his/her problem behavior and generalize gains made in treatment to the child's home environment, community, and school. Social and ecological validity of interventions is a significant area of emphasis in all Severe Behavior treatment programs. Four clinical services are available, with level of care matched to child and caregiver characteristics to provide the services warranted for each child. Interns in the full-year severe behavior program will lead at least one case at a time in our day treatment unit, working with the most severe and complex cases of problem behavior in the region. Clients are served 6-hours a day, 5-days a week, for an average of 3 months. Individuals are referred to this program if their problem behavior is placing their family in a state of crisis (e.g., problem behavior is causing significant injuries or the family is considering residential placement for the individual) or if their problem behavior cannot safely be managed by the staffing ratio available in the

intensive outpatient program. Common treatment courses include detailed functional analysis, teaching of adaptive behaviors (e.g., functional communication training), reinforcement for appropriate behaviors on a dense schedule, schedule thinning, caregiver training, and generalization.

Interns in the full-year track will gain experiences providing short-term follow-up to clients after discharge from the day-treatment program to build skills in the area of maintenance of behavioral interventions and caregiver training. Interns in the full-year program will also have opportunities to increase the variety of clients they see through the minor rotation options in the severe behavior program. These minor severe behavior rotations will occur throughout the year, but with a heavier emphasis on in the second six months. In addition to the severe behavior minor rotations, interns will also be given the opportunity to conduct a minor rotation (1/2 day a week) in a clinic outside of the severe behavior program throughout the entire year. Minor rotations may be available in the Clinical Assessment and Diagnostics Department or Feeding Department.

Severe Behavior Minor Rotations

RUBI-Parent Training Program (minor rotation) is an outpatient program developed and shown to decrease challenging behaviors in children with Autism Spectrum Disorder (ASD) between the ages of 3 and 10. The program involves teaching parents a number of strategies to prevent, manage, and reduce occurrences of problem behaviors of mild to moderate severity while promoting skill development.

The Brief Behavior Intervention (BBI) Program (minor rotation) is a weekly outpatient program. Children have a variety of problem behaviors of moderate to high severity, including aggression, self-injury, noncompliance, disruptive behavior, elopement, and pica. Targeted treatment goals are achieved through the therapist coaching the caregiver in completing a functional analysis and implementing treatment. There is a heavy emphasis on parent training, with the caregivers rehearsing skills both during the appointment as well as between appointments.

Long-term Follow Up (minor rotation) is a service provided to children after completion of day-treatment and short-term follow-up. Clients are transferred to long-term follow-up approximately 6 months after discharge and most clients are seen every 1-3 months. This program provides experiences in maintenance of behavioral interventions.

Possible Minor Rotations Outside of Severe Behavior

The **Clinical Assessment and Diagnostic Department (minor rotation)** is a multidisciplinary clinic that provides diagnostic assessments of individuals with a wide range of neurodevelopmental disorders with a possible autism spectrum disorder. Children seen in the CAD clinic range from infancy to late adolescence with a focus on children ages 16 months to 6 years.

The **Pediatric Feeding Clinic (minor rotation)** offers interns the opportunity to work with children ages 9 months to 21 years who do not consume enough volume or variety of food to maintain adequate growth or nutrition. Children with this level of feeding disorder fall under the broader psychiatric diagnosis of Avoidant-Restrictive Food Intake Disorder (ARFID).

The **Early Intervention Program (minor rotation)** is an outpatient parent coaching program designed to support families of toddlers with or at-risk for autism spectrum disorder (ASD) in developing play, communication, social engagement, and imitation skills. The program uses the Project ImPACT curriculum, which has been shown to build skill in young children with ASD and other developmental delays through integrating behavioral and developmental treatment strategies. The program emphasizes active parent participation within and between sessions.

The **Cognitive-Behavioral Therapy for Anxiety program (minor rotation)** is an outpatient therapy program. The program is aimed to treat youth diagnosed with autism spectrum disorder and co-morbid anxiety disorders. This program is currently offered in an individual context via telemedicine. The clinic utilizes the Facing Your Fears Program, which uses cognitive behavioral principles to help youth develop their awareness and insight into their anxiety and/or fears and learn ways to effectively manage their symptoms. The program actively involves parents via a parent education component. *This minor rotation is for persons with graduate practicum experience in delivering individual/group therapy to any child/adolescent with or without ASD.*

LANGUAGE AND LEARNING TRACK (1 position)

The **Language and Learning Clinic (LLC)** at Marcus Autism Center serves children diagnosed with autism spectrum disorders between the ages of 2 and 12 years (average 4 years of age) who are exhibiting significant language and social communication delays. Services provided in the LLC focus on building communication and vocal skills, bolstering appropriate play and social skills, targeting foundational learning skills such as imitation and matching, and reducing barriers to learning (e.g., limited reinforcers, mild to moderate problem behavior). The goal for each child admitted to the LLC is to acquire the critical skills they need in order to thrive in a less intensive setting. Children receive services between 3 and 6 hours per day, 5 days per week. All services are provided in a 1:1 format that utilizes a combination of discrete trial training and natural environment teaching to meet each child's individual and developmental needs. Intervention in the LLC also heavily involves caregivers via both didactic and in-vivo training in order to facilitate generalization and speed treatment progress.

Interns in the LLC have the opportunity to gain a diverse set of experiences that include working directly with children, providing consultation, and delivering caregiver training. They learn to conduct and utilize comprehensive language assessments to aid in the development of intervention programming that focuses on improving language skills, play skills, and adaptive skills and that addresses barriers that may interfere with

learning. In addition, they learn how to integrate child development with evidenced-based practice in order to produce meaningful outcomes in the daily life of the children they work with. Interns will also have potential opportunities to participate in ongoing departmental research projects in the roles of designing and implementing research protocols, assisting with data collection and analysis, and manuscript writing.

Interns will also have the opportunity to conduct a minor rotation (1/2 day a week) in a clinic outside of the Language and Learning Program throughout the entire year. Minor rotations may be available in the Clinical Assessment and Diagnostics Department, Feeding, or Severe Behaviors Department. A brief rotation in Assessment Diagnostics will also occur.

Possible Minor Rotations Options

RUBI-Parent Training Program (minor rotation) within the **Severe Behaviors Program** is an outpatient program developed and shown to decrease challenging behaviors in children with Autism Spectrum Disorder (ASD) between the ages of 3 and 10. The program involves teaching parents a number of strategies to prevent, manage, and reduce occurrences of problem behaviors of mild to moderate severity while promoting skill development.

The Brief Behavior Intervention (BBI) Program (minor rotation) within the **Severe Behaviors Program** is a weekly outpatient program. Children have a variety of problem behaviors of moderate to high severity, including aggression, self-injury, noncompliance, disruptive behavior, elopement, and pica. Targeted treatment goals are achieved through the therapist coaching the caregiver in completing a functional analysis and implementing treatment. There is a heavy emphasis on parent training, with the caregivers rehearsing skills both during the appointment as well as between appointments.

The **Clinical Assessment and Diagnostic Department (minor rotation)** is a multidisciplinary clinic that provides diagnostic assessments of individuals with a wide range of neurodevelopmental disorders with a possible autism spectrum disorder. Children seen in the CAD clinic range from infancy to late adolescence with a focus on children ages 16 months to 6 years.

Long-term Follow Up (minor rotation) within the **Severe Behaviors Program** is a service provided to children after completion of day-treatment and short-term follow-up. Clients are transferred to long-term follow-up approximately 6 months after discharge and most clients are seen every 1-3 months. This program provides experiences in maintenance of behavioral interventions.

The **Pediatric Feeding Clinic (minor rotation)** offers interns the opportunity to treat children ages 9 months to 21 years who do not consume enough volume or variety of food to maintain adequate growth or nutrition. Children with this level of feeding disorder fall under the broader psychiatric diagnosis of Avoidant-Restrictive Food Intake Disorder (ARFID).

The **Early Intervention Program (minor rotation)** is an outpatient parent coaching program designed to support families of toddlers with or at-risk for autism spectrum disorder (ASD) in developing play, communication, social engagement, and imitation skills. The program uses the Project ImPACT curriculum, which has been shown to build skill in young children with ASD and other developmental delays through integrating behavioral and developmental treatment strategies. The program emphasizes active parent participation within and between sessions.

The **Cognitive-Behavioral Therapy for Anxiety program** (minor rotation) is an outpatient therapy program. The program is aimed to treat youth diagnosed with autism spectrum disorder and co-morbid anxiety disorders. This program is currently offered in an individual context via telemedicine. The clinic utilizes the Facing Your Fears Program, which uses cognitive behavioral principles to help youth develop their awareness and insight into their anxiety and/or fears and learn ways to effectively manage their symptoms. The program actively involves parents via a parent education component. *This minor rotation is for persons with graduate practicum experience in delivering individual/group therapy to any child/adolescent with or without ASD.*

TREATMENT TRACK (3 positions)

Interns in this track will spend 6 months in 1 treatment program (e.g., Feeding, Language and Learning, Severe Behavior) and 6 months in another treatment program for a total of 2, 6 month major rotations (e.g., Feeding, Language and Learning, Severe Behavior). They will also complete a year-long minor rotation and a brief exposure experience in assessment.

The **Severe Behaviors Program** provides a continuum of services for individuals with developmental disabilities between the ages of 2 and 21 years who display severe destructive behavior such as self-injurious behavior (SIB), aggression, property destruction, noncompliance, tantrums, elopement, pica and toileting deficits. The primary goals of the program are to: (a) serve as a model for the evaluation and treatment of destructive behavior displayed by persons with developmental disabilities, (b) foster the development of new therapeutic procedures through systematic research on the nature and management of destructive behaviors, and (c) promote the effective application of currently available treatments through training and consultation. The goal for each child is to decrease the occurrence of his/her problem behavior and generalize gains made in treatment to the child's home environment, community, and school. Social and ecological validity of interventions is a significant area of emphasis in all Severe Behavior treatment programs. Four clinical services are available, with level of care matched to child and caregiver characteristics to provide the services warranted for each child. Interns with a 6-month major rotation in the severe behavior program will lead at least one case at a time in our day treatment unit, working with the most severe and complex cases of problem behavior in the region. Clients are served 6-hours a day, 5-days a week, for an average of 3 months. Individuals are referred to this program if their problem behavior is placing their family in a state of crisis (e.g., problem behavior is causing significant injuries or the family is considering residential placement for the individual) or if their problem behavior cannot safely be managed by the staffing

ratio available in the intensive outpatient program. Common treatment courses include detailed functional analysis, teaching of adaptive behaviors (e.g., functional communication training), reinforcement for appropriate behaviors on a dense schedule, schedule thinning, caregiver training, and generalization. Interns in this rotation will have one minor rotation (1/2 day a week) that can occur within the severe behavior department in one of the below options or in another clinic at Marcus.

The **Pediatric Feeding Program** offers interns the opportunity to work with children ages 9 months to 21 years who do not consume enough volume or variety of food to maintain adequate growth or nutrition. Children with this level of feeding disorder fall under the broader psychiatric diagnosis of Avoidant-Restrictive Food Intake Disorder (ARFID). ARFID in pediatric populations often co-occurs with complex medical and/or developmental conditions (e.g., pre-maturity, gastrointestinal, cardiac, food allergy, autism); therefore, this rotation offers interns a breadth of training opportunities with a diverse range of patients. Our model of care involves multidisciplinary assessment and treatment and throughout the training year interns gain experience working with a team that includes physicians, nurse practitioners, dietitians, speech-language pathologists, an occupational therapist, and a social worker.

The Pediatric Feeding Rotation offers a scientist practitioner model of training. Our clinic integrates science and best practices by involving a data-driven decision-pathway model of care that also facilitates new discoveries through single-subject research. The model of supervision is behavioral and involves competence-based benchmarks. The supervisor provides modeling and performance feedback with heavy oversight initially and support is faded as the internship progresses.

Clinical experiences include feeding assessment, intensive day treatment, and outpatient therapy. Across these areas, interns will gain experience with treatment approaches that include applied behavior analysis, parent training, parent-child interaction therapy, and manual-based interventions. In addition to feeding, treatment often focuses on associated behavioral/pediatric concerns including sleep, toileting, and disruptive behavior. Professional opportunities include participating in grant funded and/or clinical research projects, presentations at regional and national conferences, and supervision of others. Interns in this rotation will have one minor rotation (1/2 day a week) that can occur within the feeding department in one of the below options or in another clinic at Marcus.

The **Language and Learning Clinic (LLC)** at Marcus Autism Center serves children diagnosed with autism spectrum disorders between the ages of 2 and 12 years (average 4 years of age) who are exhibiting significant language and social communication delays. Services provided in the LLC focus on building communication and vocal skills, bolstering appropriate play and social skills, targeting foundational learning skills such as imitation and matching, and reducing barriers to learning (e.g., limited reinforcers, mild to moderate problem behavior). The goal for each child admitted to the LLC is to acquire the critical skills they need in order to thrive in a less intensive setting. Children receive services between 3 and 6 hours per day, 5 days per

week. All services are provided in a 1:1 format that utilizes a combination of discrete trial training and natural environment teaching to meet each child's individual and developmental needs. Intervention in the LLC also heavily involves caregivers via both didactic and in-vivo training in order to facilitate generalization and speed treatment progress.

Interns in the LLC have the opportunity to gain a diverse set of experiences that include working directly with children, providing consultation, and delivering caregiver training. They learn to conduct and utilize comprehensive language assessments to aid in the development of intervention programming that focuses on improving language skills, play skills, and adaptive skills and that addresses barriers that may interfere with learning. In addition, they learn how to integrate child development with evidenced-based practice in order to produce meaningful outcomes in the daily life of the children they work with. Interns will also have potential opportunities to participate in ongoing departmental research projects in the roles of designing and implementing research protocols, assisting with data collection and analysis, and manuscript writing.

Possible Minor Rotation Options

RUBI-Parent Training Program (minor rotation) within the Severe Behaviors Program is an outpatient program developed and shown to decrease challenging behaviors in children with Autism Spectrum Disorder (ASD) between the ages of 3 and 10. The program involves teaching parents a number of strategies to prevent, manage, and reduce occurrences of problem behaviors of mild to moderate severity while promoting skill development.

The Brief Behavior Intervention (BBI) Program (minor rotation) within the Severe Behaviors Program is a weekly outpatient program. Children have a variety of problem behaviors of moderate to high severity, including aggression, self-injury, noncompliance, disruptive behavior, elopement, and pica. Targeted treatment goals are achieved through the therapist coaching the caregiver in completing a functional analysis and implementing treatment. There is a heavy emphasis on parent training, with the caregivers rehearsing skills both during the appointment as well as between appointments.

Long-term Follow Up (minor rotation) within the Severe Behaviors Program is a service provided to children after completion of day-treatment and short-term follow-up. Clients are transferred to long-term follow-up approximately 6 months after discharge and most clients are seen every 1-3 months. This program provides experiences in maintenance of behavioral interventions.

The **Clinical Assessment and Diagnostic Department (minor rotation)** is a multidisciplinary clinic that provides diagnostic assessments of individuals with a wide range of neurodevelopmental disorders with a possible autism spectrum disorder. Children seen in the CAD clinic range from infancy to late adolescence with a focus on children ages 16 months to 6 years.

The **Early Intervention Program (minor rotation)** is an outpatient parent coaching program designed to support families of toddlers with or at-risk for autism spectrum disorder (ASD) in developing play, communication, social engagement, and imitation skills. The program uses the Project ImPACT curriculum, which has been shown to build skill in young children with ASD and other developmental delays through integrating behavioral and developmental treatment strategies. The program emphasizes active parent participation within and between sessions.

The **Pediatric Feeding Clinic (minor rotation)** offers interns the opportunity to treat children ages 9 months to 21 years who do not consume enough volume or variety of food to maintain adequate growth or nutrition. Children with this level of feeding disorder fall under the broader psychiatric diagnosis of Avoidant-Restrictive Food Intake Disorder (ARFID).

The **Cognitive-Behavioral Therapy for Anxiety program (minor rotation)** is an outpatient therapy program. The program is aimed to treat youth diagnosed with autism spectrum disorder and co-morbid anxiety disorders. This program is currently offered in an individual context via telemedicine. The clinic utilizes the Facing Your Fears Program, which uses cognitive behavioral principles to help youth develop their awareness and insight into their anxiety and/or fears and learn ways to effectively manage their symptoms. The program actively involves parents via a parent education component. *This minor rotation is for persons with graduate practicum experience in delivering individual/group therapy to any child/adolescent with or without ASD.*

ADDITIONAL METHODS OF INSTRUCTION

Summer Symposium

Near the start of each training year, all interns join other trainees and professional to attend the Marcus Autism Center Annual Summer Symposium. This symposium includes three full days (18 hours) of presentations that provide an in-depth review of key issues related to research and clinical care for the populations served by the Center. Speakers include Center faculty members, other renowned professional experts, as well as consumers. Topics in recent years have included defining, detecting and diagnosis autism spectrum disorders, ethical issues in identification and diagnosis, intervention programming, family and community programming, translational research, cultural diversity, telemedicine, nutrition, clinical trials, and animal models.

Didactic Seminars

Throughout the year, the Internship arranges presentations by faculty, staff, postdoctoral fellows, visiting scholars and staff clinicians from other Marcus Autism Center disciplines on subjects as diverse as behavioral assessment techniques, treatment design in applied behavior analysis, screening and diagnosis for developmental disabilities, ethics, manuscript review process, parent training, self-injurious behavior, pediatric feeding disorders, behavioral covariation, pediatric

psychopharmacology, hyperactivity, neuromuscular disorders, autism, and social acceptability of behavioral treatments.

Program-wide Group Supervision

Interns meet monthly as a group to participate in a shared supervision experience. These sessions take a broader look at clinical activities, and their relationship with other areas of professional identify and activities. Often the discussions turn to the “soft skills,” which are transtheoretical in their relevance for being an effective professional psychologist.

Professional & Career Development

Coffee Chat Series. In addition to the breadth of clinical and research experiences available, the internship provides instruction and training focusing specifically on the interns’ continued growth and development as professionals. The professional development component of the training program is designed to facilitate the interns’ acquisition of a postdoctoral fellowship or employment after the completion of the internship year. This series explores every aspect of the employment process and includes topics ranging from the development of a curriculum vita to contract negotiation. The discussions are intended to be responsive to the needs of the interns, so the topics can be tailored to address the changing concerns as expressed by the interns.

Faculty Supports. The training director also provides the interns with ongoing updates regarding job opportunities, typically via e-mail. The interns have the opportunity to practice a job talk during weekly teaching rounds or in a similar forum. Although delivering a job talk is not mandatory, it is an excellent opportunity to perform a "dry run" of the talk and improve the content and delivery before the actual interview. Finally, the faculty members make themselves available to assist the interns further in acquiring employment by writing letters of reference and contacting colleagues in the field on behalf of the interns. Our commitment to the interns extends beyond the training year, and the professional development component of the program allows us to facilitate the interns’ continued success as they begin their careers. Each year one half or more of the interns have stayed to pursue postdoctoral training opportunities in one or more of our clinical programs.

Grand Rounds

The Marcus Autism Center provides semi-monthly grand rounds that the interns are encouraged to attend. This series includes clinical and scientific lectures from Emory University and Children’s Healthcare of Atlanta faculty and staff, as well as invited faculty from academic institutions from around the country. In addition, interns are eligible to attend departmental presentations and semi-monthly grand rounds that are sponsored by the Emory University School of Medicine, Departments of Pediatrics and

Psychiatry in one of the nearby Emory-affiliated hospitals. Interns are expected to attend 10 grand rounds (or equivalent presentations) during the year.

Intern Research Project

In order to learn skills related to clinical research all interns are expected to complete a research project in collaboration with a faculty research preceptor. These projects must be separate from the dissertation, and must result in a research “product,” in which the intern plays a major role. Most often this involves first authorship on a poster or paper presentation at a conference; however, some interns also generate a manuscript to submit for publication. Projects usually involve gleaning data from an existing clinical dataset or completing a program evaluation.

SETTINGS

The Marcus Autism Center functions as an academic center with patient care, research, community outreach, and training making up its mission. Interns have the opportunity to provide services in clinic, home, school, and other community settings. Children’s Healthcare of Atlanta operates one of the largest care delivery systems in the country, including 3 pediatric hospitals, numerous community locations, Emory Children’s Center, and Marcus Autism Center. The internship has not been an appropriate setting to meet school psychology certification requirements for hours in the schools.

RESEARCH

As a NIH ACE, the Marcus Autism Center is a hub of science for autism spectrum and related disorders. The Internship faculty has an internationally renowned research program and a consistent record of research productivity. Whenever possible, interns are supported fully to participate in ongoing research projects encountered through clinical services. Interns may elect to participate in ongoing studies directed by faculty and/or to initiate independent research compatible with the Internship’s mission. Basic investigations of behavioral phenomena and innovative approaches to the assessment and treatment of clinical problems are encouraged, and each intern is required to complete at least one research project, separate from the dissertation, that results in a professional product (poster, paper, manuscript), usually as first author. A list of representative faculty publications appears after the program description. Historically, trainees have been active in research activities as evidenced by the number of publications that have included trainees. (Asterisks indicate co-authorship by doctoral interns or post-doctoral fellows.)

EVALUATION

Supervisors provide feedback to interns about progress toward these competencies orally on an ongoing basis, and they review feedback in writing at baseline (i.e., 1

month) and at the end of each quarter thereafter. In this context, the faculty formally evaluates progress toward readiness to practice as formalized in the program's goals and objectives. In order to successfully complete the internship, trainees must demonstrate a competence level at least high enough to enter practice at a basic level of professional challenges (i.e. a score above 2 on evaluation forms). Of course, we aim to train interns to function at higher levels of capability than basic proficiency and most interns achieve advanced levels of competence in most domains.

FACILITIES

The Marcus Autism Center has become a nationally recognized NIH ACE for the provision of coordinated and comprehensive services for and individuals with autism and related developmental disabilities, as well as a hub of social neuroscience and clinical research. Since its move from the Emory campus to a modern wholly accessible facility just 3 miles from the university, Marcus Autism Center has provided clinical services to more than 16,000 individuals with 5000 or more unique patients served annually. These services are often interdisciplinary in nature; and have been providers include developmental pediatricians, psychiatrists, geneticists, genetic counselors, nurses and nurse practitioners, occupational and speech therapists, clinical & school psychologists, social workers, special educators, and family support personnel. Well over 35,000 visits by such persons have been made to The Marcus Autism Center by individuals in need of comprehensive and coordinated services since 1993.

The Marcus Autism Center is housed in an 80,000 square foot building 1.5 miles from the Emory University campus. More than 25 treatment rooms and 9 assessment rooms are equipped with one-way mirrors in connected observation rooms and video recording systems that allow for live viewing or review of recorded videos. There is a Social Neuroscience Laboratory equipped with numerous eye tracking devices for infants, toddlers, and school-age children; a Spoken Communication Laboratory with a motion capture system, high speed camera, and audiovisual speech perception; an EEG Laboratory; a phlebotomy room, and a 4-D research ultrasound system. There are 3 indoor play rooms, 2 multipurpose rooms, a childcare/family room, and 2 outdoor play areas. Interns provide services throughout these facilities. The Internship maintains a supply all materials needed for assessment or treatment sessions, and it has software programs specifically designed for collecting, analyzing, summarizing, and graphing direct-observation data. The data from treatment sessions are collected on computers, saved to a shared computer server and reviewed daily in supervision sessions. Each intern has a workstation and desktop computer capable of analyzing and graphing treatment or assessment data.

FACULTY

MEET THE PSYCHOLOGY INTERNSHIP FACULTY

Supervising Faculty Members

Christa Aoki, PhD is a licensed clinical psychologist and part of the diagnostic team at Marcus Autism Center. Dr. Aoki received her doctoral degree from Palo Alto University where she studied children with medically complex presentations. She completed her internship and postdoctoral fellowship at Emory University School of Medicine within the Clinical Assessment and Diagnostic department. Her clinical interests include the provision of outpatient treatment services for children with comorbid anxiety and ASD. She values parent-mediated interventions and trainings to enhance child outcomes.

Bianca Brooks, PhD is a licensed clinical psychologist and part of the assessment and diagnosis team at Marcus Autism Center. Dr. Brooks completed her doctorate in clinical psychology at Georgia State University, where she studied ways to facilitate access to early intervention after diagnosis of autism spectrum disorder (ASD). She continued her passion for serving underserved communities and reducing disparities in mental healthcare access by completing an internship at Memphis Veteran's Affairs Medical Center. She returned to Atlanta for her postdoctoral fellowship at Emory University School of Medicine and assisted with diagnostic services at Marcus Autism Center. In her current position, Dr. Brooks conducts diagnostic assessments of young children. She values exploring innovative techniques to reduce racial and ethnic disparities in accessing early intervention services for families.

T. Lindsey Burrell, PhD is an Assistant Professor in the Division of Autism and Related Disorders in the Department of Pediatrics, Emory University School of Medicine. She received her PhD in clinical psychology at Texas Tech University, where she was also a research team member in the Parent-Child Interaction Therapy (PCIT) Group. She completed internship at the Marcus Autism Center and continued to complete a clinical postdoctoral fellowship in the feeding program and a second year research fellowship focusing on modifying and delivering the Research Units for Behavior Intervention (RUBI) Autism Network parent training program for children with ASD via telehealth and parent groups. Dr. Burrell's research focuses on developing, evaluating and delivering community viable parent-mediated interventions to decrease disruptive behaviors in children with ASD and improve feeding in young children. Dr. Burrell provides outpatient clinical services through the Severe Behavior program as well as the Feeding program.

Nathan A. Call, PhD received his PhD in School Psychology from the University of Iowa in 2003 under the mentorship of David P. Wacker, PhD. He completed a pre-doctoral internship at the University of Iowa Hospitals & Clinics and Center for Disabilities & Development and a post-doctoral fellowship at the Marcus Institute and Emory University under the supervision of Wayne Fisher, PhD, and Henry S. Roane, PhD. After working as an assistant professor at Louisiana State University from 2004-2006, Dr. Call returned to the Marcus Autism Center where he is currently the director of the Severe Behavior Disorders Program. Dr. Call's current research interests include

the assessment and treatment of severe behavior disorders. This interest includes identifying the basic behavioral mechanisms that influence the occurrence of problem behavior, as well as the variables that impact the integrity with which caregivers implement treatment recommendations. Dr. Call has an active publication agenda that includes publishing and presenting research in applied behavior analytic forums.

Julie Cash, PsyD joined Marcus Autism Center in 2015. As a clinical child psychologist in the department of Clinical Assessment and Diagnostics, Dr. Cash conducts developmental and diagnostic evaluations with young children. Dr. Cash received her doctorate in Clinical Psychology from Indiana University of Pennsylvania and completed her predoctoral internship in Clinical Psychology at the University of Rochester Medical Center and Golisano Children's Hospital. She completed her postdoctoral fellowship at Emory University School of Medicine through the Marcus Autism Center. Dr. Cash has spent the past several years conducting psychoeducational, neuropsychological, and developmental assessments as well as individual and group therapy with children with a range of developmental disabilities and mental health difficulties. She has also provided psychological and behavioral health consultation and treatment to families, parents, and children in outpatient, inpatient, and pediatric health service settings. Dr. Cash is passionate about working with families affected by autism spectrum disorders, specifically in the areas of assessment and diagnostics, parent training and social skills training and development. She strives to provide accurate developmental information and empirically supported treatments.

Laura Dilly, PhD, ABPP, NCSP is the Training Director for the Doctoral Psychology Internship at the Marcus Autism Center, Children's Healthcare of Atlanta, and an Adjunct Assistant Professor at the Emory School of Medicine Department of Pediatrics. She received her doctorate in school psychology at Michigan State University in 2005. She completed her doctoral internship at the Houston Independent School District. Dr. Dilly then worked within the public school districts for 10 years as a lead psychologist and training coordinator. At the Marcus Autism Center, Dr. Dilly conducts assessments of young children and adolescents who are suspected to have an autism spectrum disorder. Her research interests involve the intersection of the school based and medically based services for children with autism spectrum disorders and the training of professionals in the provision of ASD services.

Emily Edwards, PsyD, earned her doctorate in clinical psychology from Pepperdine University. She completed her pre-doctoral internship at University Nebraska Medicine: Munroe-Meyer Institute in Omaha, Nebraska with an emphasis in pediatric feeding disorders. She completed her post-doctoral fellowship in the Multidisciplinary Feeding Program at Marcus Autism Center through Emory University School of Medicine. Dr. Edwards is a licensed psychologist in Georgia working primarily with children with complex medical needs in the Multidisciplinary Feeding Program at Children's Healthcare of Atlanta - Center for Advance Pediatrics.

Nicole Hendrix, PhD received her PhD in school psychology at the University of Iowa, where her training concentrated on assessment and treatment of neurodevelopmental

disabilities across the lifespan. She completed a doctoral internship at the Marcus Autism Center in the Language and Learning Clinic and Pediatric Feeding Program before then completing a postdoctoral fellowship in diagnostic services. Dr. Hendrix is an assistant professor in the Department of Pediatrics within the Emory University School of Medicine and a psychologist on the assessment and diagnostic team. In her clinical role, she conducts diagnostic evaluations for children and adolescents. Dr. Hendrix's research focuses on early assessment and intervention for at-risk populations, with current projects striving to better understand the development of nonverbal communication strategies within typical development and neurodevelopmental disorders.

Kathryn Holman Stubbs, PhD received her doctoral degree in Clinical Psychology from University of Wisconsin—Milwaukee. She completed her doctoral internship at Munroe Meyer Institute (University of Nebraska Medical Center) and her fellowship through Emory University School of Medicine at the Marcus Autism Center in the Pediatric Feeding Disorders Program. She is currently a senior psychologist in the Pediatric Feeding Disorders Program where she works with children and families to develop effective treatments to improve mealtime behavior in the day treatment and outpatient programs and provides consultation in pediatric gastroenterology clinics. She supervises predoctoral interns and postdoctoral fellows in the intensive day treatment program for children with feeding disorders. Her clinical and research interests have focused on the assessment and treatment of children with pediatric feeding disorders as well as treatment adherence in pediatric populations.

Sarah Slocum Freeman, PhD, BCBA-D received her doctorate in Psychology at the University of Florida under the mentorship of Dr. Timothy Vollmer, BCBA-D. She was subsequently appointed as a Rollins College faculty member for two years before joining the Marcus Autism Center. In her clinical position in the Marcus Autism Center Severe Behavior Program, Dr. Slocum manages cases in the intensive outpatient program, coordinates employee supervision towards board certification as behavior analysts, and oversees the intake process for the Severe Behavior program. As a researcher in the Pediatrics Institute of Emory University's School of Medicine, Dr. Slocum's work focuses on behavior-analytic approaches to the assessment and treatment of problem behavior. Specifically, she is interested in further investigation into the variables that contribute to treatment effectiveness for problem behavior maintained by escape from aversive situations.

Dawn Ilardi, PhD, ABPP/CN completed my doctoral degree in clinical psychology at Emory University. For my internship, Dr. Ilardi completed the general track of the Emory University School of Medicine/Grady Health System program. She received board certification through ABPP in clinical neuropsychology and certification in pediatric neuropsychology. Dr. Ilardi conducts outcome research with the cardiac population. With the collaboration of cardiology leaders at Children's, she has created the Cardiac Neurodevelopmental Program for children with cardiac disease. Dr. Ilardi is also part of the multidisciplinary team for heart transplant. Her current research interests are related to neuropsychological outcomes and risk factors

associated with complex heart disease and heart transplant (i.e., stroke, seizures, prematurity, genetic disorders)

Cheryl Klaiman, PhD received her doctorate in School and Applied Child Psychology from McGill University under the mentorship of Jacob Burack. She completed her internship and post-doctoral training at the Yale Child Study Center where she worked with Drs. Ami Klin, Fred Volkmar, Robert Schultz and Sara Sparrow. She joined the faculty of the Yale Child Study Center as an Associate Research Scientist, and then relocated to California where she was the Director of the Autism and Developmental Disabilities Interdisciplinary Care Team at Children's Health Council in Palo Alto, CA. She joined the team at The Marcus Autism Center and Emory University in January of 2012 where she directs the FDA regulated clinical trial which is attempting to validate our eye-tracking work as a medical device. She also works on the clinical characterization team among other various research projects. Research interests include early diagnosis and screening of autism spectrum disorders, innovative treatment strategies and clinical trials.

Meena Lambha, PhD completed her undergraduate training at the University of Georgia and earned her doctorate degree in clinical psychology from Auburn University. She completed her internship at A.I. DuPont Hospital for Children. She completed her postdoctoral fellowship at the Marcus Autism Center and Emory University. She briefly worked in private practice before returning to the Marcus Autism Center. At Marcus, she has conducted psychological assessments for families participating in various research studies as well as children seen through the clinic for concerns related to autism. She has also provided parent training services through the RUBI Parent Training program for children with autism presenting with behavioral difficulties. Currently, she continues to conduct psychological assessments with children suspected of having an autism spectrum disorder.

David J. Marcus, PhD, ABPP/CN is a Clinical Instructor in the Department of Rehabilitation Medicine and a pediatric neuropsychologist at Children's Healthcare of Atlanta. He received his doctorate in Child Psychology from the University of Minnesota in 2005, completed an internship at Children's Hospital of Philadelphia (through University of Pennsylvania) and a fellowship at National Children's Medical Center in Washington, DC. Active as a clinical teacher, he supervises graduate practicum students, interns, residents and fellows. Dr. Marcus' areas of interest include pediatric epilepsy, spina bifida, and genetic and metabolic disorders.

Susan McManus Lee, PhD, ABPP/CN received her bachelor's degree in psychology from Emory University. She then completed her doctoral degree at Georgia State University in the joint Clinical Psychology and Neuropsychology and Behavioral Neurosciences Programs. Her predoctoral internship was completed at Kennedy Krieger Institute/Johns Hopkins School of Medicine and her two-year fellowship in pediatric neuropsychology at Children's Healthcare of Atlanta/ Emory University School of Medicine. She is the coordinator of the pediatric neuropsychology rotation for the Predoctoral Internship Program through the Emory University School of

Medicine Internship Program. Dr. McManus Lee conducts outpatient evaluations to monitor cognitive development in children and adolescents with traumatic brain injury, encephalitis, hypoxic/ischemic brain injury, stroke and epilepsy. Her clinical and research interests pertain to functional outcomes following perinatal/birth-related injuries and other acquired brain injuries, in addition to acute assessment and intervention to improve neurobehavioral adjustment and academic success.

Joanna Lomas Mevers, PhD, BCBA-D received her doctorate in school psychology from Louisiana State University, under the mentorship of Jeffery Tiger, PhD and George Noell, PhD. She completed her pre-doctoral internship and postdoctoral fellowship at the Marcus Autism Center and Emory University under the supervision of Nathan Call, PhD. Dr. Lomas Mevers is currently the interim director for the severe behavior programs and is responsible for working with families and clinicians to develop effective behavioral interventions that decrease challenging behaviors and replace them with appropriate behaviors. In addition to her clinical duties she also provides training for doctoral and postdoctoral trainees. Dr. Lomas Mevers' current research interests include increasing the social validity of behavioral interventions, increasing efficiencies in caregiver training, treatment of enuresis and encopresis.

Colin Muething, PhD, BCBA-D received his doctorate in school psychology from University of Texas-Austin, after having completed a master's degree in school psychology from University of Georgia. His mentors included Terry Falcomata, Greg Allen and David Gast. His research involves factors related to the maintenance of severely disruptive behaviors, including antecedent factors and modifications of reinforcement conditions. Having completed his doctoral internship and postdoctoral residency at Marcus Autism Center, he joined the faculty as an assistant professor of pediatrics at Emory University School of Medicine in 2017.

Kristina S. Patel, PsyD, BCBA earned her doctorate in clinical psychology from Nova Southeastern University. She completed her pre-doctoral internship in the feeding program at Marcus Autism Center through Emory University's Department of Pediatrics. She completed her post-doctoral residency at the Mailman Segal Center for Human Development at Nova Southeastern University with an emphasis on the treatment of pediatric feeding disorders and parent training to address challenging behaviors. Dr. Patel has specialized in providing evidence-based behavioral assessment, intervention, and caregiver training to families of children with and without autism spectrum disorder and behavioral difficulties.

Dr. Patel is a licensed psychologist in the state of Georgia and a board certified behavior analyst. As a psychologist for the Feeding Program at Marcus Autism Center, Dr. Patel conducts multidisciplinary feeding evaluations and provides behavioral intervention in the outpatient and day treatment feeding programs.

Kaitlin Proctor, PhD earned her doctorate in clinical psychology from Auburn University. She completed her predoctoral internship at the University of Oklahoma Health Sciences Center and her postdoctoral residency at Children's Healthcare of

Atlanta, in partnership with Emory University School of Medicine. Dr. Proctor received training in the area of pediatric psychology, which focuses on children's behavioral, developmental and psychosocial functioning in the context of pediatric healthcare. As a licensed clinical psychologist in the **Feeding Program**, Dr. Proctor provides multidisciplinary assessment services, as well as intervention services in the day treatment and outpatient programs. Dr. Proctor is also certified in parent-child interaction therapy, an evidence-based parent training intervention for disruptive behaviors or noncompliance in young children.

Shana Richardson, PhD is a clinical psychologist and member of the research assessment core. Dr. Richardson completed her undergraduate training in psychology at the University of Georgia and earned her doctorate degree from Georgia State University. Dr. Richardson completed her predoctoral internship at Children's Mercy Hospital in Kansas City, Missouri. She returned to Atlanta for her postdoctoral fellowship with Emory University School of Medicine and the Pediatric Neurodevelopmental Center (PNC) at Marcus Autism Center. In her current position at Marcus, Dr. Richardson conducts psychological assessments for families participating in the various research studies, with a focus on the clinical characterization of infants and toddlers.

Mindy Scheithauer, PhD, BCBA-D received her PhD from Louisiana State University with a dual emphasis in Clinical and Biological Psychology and a minor emphasis in School Psychology. She completed a doctoral internship in the Neurobehavioral Unit at the Kennedy Krieger Institute through Johns Hopkins University and a postdoctoral residency at Marcus Autism Center through Emory University. Dr. Scheithauer is an assistant professor in Pediatrics at Emory University and is a psychologist in the Severe Behavior Program. She oversees the Brief Behavior Intervention program (a primarily community-based treatment service) and supervises cases in the Severe Behavior Day Treatment program. Her current research focuses on automatically maintained problem behavior, assessment and treatment of elopement, and improving methods for observational data collection. Her future research goals include clinical trials of specific behavioral treatments and the study of applied behavioral pharmacology through the use of functional analyses in drug trials. Dr. Scheithauer assists with the supervision and training of doctoral and postdoctoral training.

William G. Sharp, PhD is the Director of the Pediatric Feeding Disorders Program at the Marcus Autism Center and an Assistant Professor in the Division of Autism and Related Disorders in the Department of Pediatrics, Emory University School of Medicine. He received his doctorate from The University of Mississippi in 2006, with an emphasis in pediatric and clinical child psychology. Dr. Sharp completed a doctoral internship and a post-doctoral fellowship at A.I. duPont Hospital for Children in Wilmington, DE, where he focused on the application of behaviorally-based interventions for severe behavior problems, feeding issues, anxiety and sleep difficulties. His current research interests include the assessment and treatment of feeding disorders among children with autistic spectrum disorders, the impact of antecedent manipulations in the treatment of pediatric feeding disorders, and the use of

parent training to address feeding difficulties.

Jennifer L. Stapel-Wax, PsyD received her doctorate in clinical psychology from the Georgia School of Professional Psychology in 1998. She completed her doctoral internship at Miami Children's Hospital and her postdoctoral fellowship at the Emory University School of Medicine at the Marcus Center. As an Assistant Professor in the Department of Pediatrics at Emory University School of Medicine, she directed a statewide evaluation project for children with complex neurodevelopmental disorders, conducting neurodevelopmental assessments with young children and supervising dozens of trainees. Dr. Stapel-Wax also taught graduate clinical psychology at the Georgia School of Professional Psychology. She currently is the Director of Infant and Toddler Clinical Research and an Associate Professor in the Department of Pediatrics and is a Past President of the Georgia Psychological Association. Her current clinical and research interests lie in teaching and training, assessment of young children and community implementation of scientifically based methods of screening, assessment and intervention.

Stephanie Trauschke, PsyD, BCBA-D received her PsyD in clinical psychology from Nova Southeastern University where she worked in an outpatient severe behavior program utilizing applied behavior analysis to assess and treat challenging behavior. She completed her first postdoctoral residency at the Neurobehavioral Unit Outpatient Program at the Kennedy Krieger Institute through Johns Hopkins University School of Medicine and her second postdoctoral residency at the Marcus Autism Center Severe Behavior Program through Emory University. At this time, she worked with children in the day treatment, follow-up, and toileting programs. Currently, Dr. Trauschke is a licensed psychologist, providing services in the long-term follow-up and RUBI parent training programs. Her interests include the assessment and treatment of children with challenging behavior, durability of treatment, and caregiver training. Dr. Trauschke assists with the supervision and training of doctoral trainees.

Renee' Ussery, PsyD received her doctoral degree in clinical psychology from Argosy University. She completed a postdoctoral fellowship in private practice and the Marcus Autism Center. For the next several years, Dr. Ussery completed psychological evaluations with children and adolescents in private practice. In 2008, Dr. Ussery rejoined Marcus Autism Center where she continued to complete assessments with school aged children within the Pediatric Neurodevelopmental Center. She coordinates training experiences that involve conducting comprehensive psychological assessments for children and adolescents who present with complex histories and differential diagnosis is essential.

Valerie Volkert, PhD, BCBA-D is a psychologist program manager in the Pediatric Feeding Disorders Program at Marcus Autism Center. She also holds the position of Assistant Professor of Pediatrics in the Emory University School of Medicine. She received her doctorate in school psychology from Louisiana State University, completed a doctoral internship at the Marcus Institute and a postdoctoral residency at the Munroe-Meyer Institute. She was faculty at the Munroe-Meyer Institute for seven years and

during that time she was President of the Heartland Association for Behavior Analysis (2009-2011) and training director for the MSIA PhD program in ABA and Nebraska Internship Consortium in Professional Psychology in the Center for Autism Spectrum Disorders (2012-2015). An active clinician, teacher and researcher, she sees patients in the outpatient clinics of the Feeding program, supervises interns and fellows and pursues lines of clinical research. Of particular interest are treatments to increase advanced feeding skills (e.g., self-feeding and chewing).

Stormi White, PsyD is a psychologist program manager in the Clinical Assessments and Diagnostics Program at the Marcus Autism Center. She also holds the position of Assistant Professor of Pediatrics in the Emory University School of Medicine. She pursued her doctorate in school psychology from University at Albany, State University of New York. Dr. White completed her post-doctoral fellowship at Vanderbilt University's Treatment and Research Institute for Autism Spectrum Disorders (TRIAD), focusing on early identification of autism. Additionally, Dr. White completed a Leadership Education in Neurodevelopmental Disabilities (LEND) fellowship while at Vanderbilt. Before joining Marcus Autism Center, Dr. White was an Assistant Professor at University of Texas Southwestern (UTSW), where she held administrative titles of head of psychology and co-clinical director in the Center for Autism and Developmental Disabilities (CADD). Dr. White's clinical and research interests include early identification and intervention for autism spectrum disorder (ASD), as well as clinical characterization of rare variant disorders.

Latasha Woods, PhD is a licensed psychologist and nationally certified school psychologist. She earned her doctorate from the University of North Carolina at Chapel Hill. Dr. Woods completed her pre-doctoral internship at Marcus Autism Center and her post-doctoral fellowship at the Duke Center for Autism and Brain Development, during which she served on the clinical assessment and research teams. As a part of the assessment and diagnosis team at Marcus Autism Center, Dr. Woods specializes in conducting diagnostic assessments with children, adolescents and young adults, and providing evidence-based treatment to individuals diagnosed with autism spectrum disorder (ASD). Dr. Woods is a certified Research Units in Behavioral Intervention (RUBI) therapist with the RUBI Autism Network. Prior to entering clinical practice, Dr. Woods spent more than a decade serving children and families in schools as a certified school psychologist and classroom teacher.

Contributing Faculty Members

Thomas G. Burns, PsyD ABPP/CN is a Clinical Instructor in the Department of Rehabilitation Medicine and is Director of Neuropsychology at Children's Healthcare of Atlanta where he provides supervision in the child neuropsychology rotation. Dr. Burns received his doctorate in 1995 from the Georgia School of Professional Psychology and is board certified in neuropsychology. Dr. Burns conducts neuropsychological

examinations with infants, children, and adolescents and conducts Intracarotid Amobarbital (Wada) Tests in pediatric temporal lobe seizure surgery candidates. His research interests include memory and executive functioning following pediatric brain injury, pediatric epilepsy, and cortical dysplasia.

Warren Jones, PhD received his doctorate in biomedical sciences from Yale University. From 2000 to 2003, he worked at the Yale Child Study Center with Ami Klin, PhD. During his time at Yale, Dr. Jones used eye-tracking technology to map visual salience young children with autism, as they view movies of social interaction. In a lab setting, Jones uses concealed cameras that zoom in on children's eyes and monitor the movement of their pupils to determine exactly what they are viewing on the TV screen. In 2006, Dr. Jones was awarded the American Psychological Foundation Elizabeth Munsterberg Koppitz Award for his work with eye-tracking technology. He serves as the Director of Research for the Center.

Ami Klin, PhD is the Director of the Marcus Autism Center and Professor and Chief of the Division of Autism and Related Disorders in the Department of Pediatrics at Emory University School of Medicine. Dr. Klin is an internationally recognized psychologist and researcher. His primary research activities focus on developmental social neuroscience; specifically on visual engagement of individuals with autism from infancy through adulthood. In his most noted work, Klin uses eye-tracking technology to visualize and measure social engagement, allowing him to monitor infants who potentially have an autism spectrum disorder (ASD). His research goal is to identify individuals with and at risk for ASD as early as possible so that potential therapies can have their maximal effect. He serves as Chief Psychologist of the Internship.

Helen Panarites, MD, received her medical degree from Columbia University, College of Physicians and Surgeons in New York City. She completed her adult psychiatric residency training at the New York Hospital-Westchester Division in White Plains, N.Y. In 1992, she moved to Atlanta for her child psychiatry residency training at Emory University School of Medicine. After training, Dr. Panarites continued as a faculty member at Emory University, working with children and adolescents with a wide range, psychiatric, behavioral and developmental disabilities. She had a position as assistant professor of psychiatry and served as the medical director of the Grady Health System Child and Adolescent Outpatient Psychiatry Clinic. During her time with Grady Health System, Dr. Panarites helped develop a school-based partnership with Atlanta Public Schools, setting up psychiatric teams that provided direct in-school services to several elementary schools. The school-based clinic was effective in improving access to mental health care for children in high-risk schools.

Lawrence Scahill, MSN, PhD is Professor of Pediatrics at Emory University and Director of Clinical Trials at the Marcus Autism Center, where he plays a role in mentoring other faculty members who seek to investigate the feasibility, efficacy and effectiveness of clinical models developed or refined at the Center. Dr. Scahill completed his PhD in Epidemiology at Yale University (1997) and his master's in Child Psychiatric Nursing at Yale in 1989. Scahill's primary research interests relate to

treatment in autism and Tourette syndrome.

FACULTY PUBLICATIONS (Selected Examples)

*Sample faculty publications. Many contain trainee co-authorship.

Beacham, C., Reid, M., Bradshaw, J., Lambha, M., Evans, L., Gillespie, S., Klaiman, C., & Richardson, S. S. (2018). Screening for autism spectrum disorder: Profiles of children who are missed. *Journal of Developmental and Behavioral Pediatrics: JDBP*, 39(9), 673-682.

Bradshaw, J., Gillespie, S., Klaiman, C., Klin, A., & Saulnier, C. (2018). Early emergence of discrepancy in adaptive behavior and cognitive skills in toddlers with autism spectrum disorder. *Autism: The International Journal of Research and Practice*, doi: 1362361318815662.

Bradshaw, J., Klaiman, C., Gillespie, S., Brane, N., Lewis, M., & Saulnier, C. (2018). Walking ability is associated with social communication skills in infants at high risk for autism spectrum disorder. *Infancy: The Official Journal of the International Society on Infant Studies*, 23(5), 674-691.

Goldstein, F.P., Klaiman, C., & Williams, S. (2017). Bridging care gaps: Using telehealth to provide care for people with autism spectrum disorder. *International Journal of Developmental Disabilities*, 63(4), 190-194.

Saulnier, C.A. & Klaiman, C. (2018). *Essentials of adaptive behavior assessment of neurodevelopmental disorders*. Hoboken, NJ: John Wiley & Sons.

Dilly, L. J. and Hall, C. (2018). *Autism spectrum disorder assessment in schools*. New York, N.Y.: Routledge Publishing.

Ethridge, L., Berry-Kravis, E., Thaliath, A., Isenstein, E., Durkin, A., Nelson, C., Baczewski, L., Powell C., White, S., Mosconi M.W., & Sweeney, J. (2018). Auditory EEG phenotypes in single gene disorders: insight into heterogeneity in idiopathic autism. *Biological Psychiatry*, 83 (9, Supplement), S8-S9.
doi:<https://doi.org/10.1016/j.biopsych.2018.02.038>

Schmitt, L.M., White, S.P., Cook, E.H., Sweeney, J.A., & Mosconi, M.W. (2017). Cognitive mechanisms of inhibitory control deficits in autism spectrum disorder. *Journal of Child Psychology and Psychiatry*. doi:10.1111/jcpp.12837

Ethridge, L.E., White, S.P., Mosconi, M.W., Wang, J., Pedapati, E.V., Erickson, C.A., Byerly, M.J., & Sweeney, J.A. (2017). Neural synchronization deficits linked to cortical

hyper- excitability and auditory hypersensitivity in Fragile X Syndrome. *Molecular Autism*, 8 (22): doi: 10.1186/s13229-017-0140-1

Wang, Z., Kwon, M., Mohanty, S., Schmitt, L., White, S.P., Christou, E.A., & Mosconi, M.W. (2017). Increased for variability is associated with altered modulation of the motor neuron pool activity in autism spectrum disorder. *International Journal of Molecular Sciences*. 18 (4). doi:10.3390/ijms18040698

Wang, J., Ethridge, L., Mosconi, M.W., White, S.P., Binder, K., Pedapati, E., Erickson, C., Byerly, M.J., & Sweeney, J. (2017). A resting EEG study of neocortical hyperexcitability and altered functional connectivity in fragile x syndrome. *Journal of Neurodevelopmental Disorders*. 9 (1). doi: 10.1186/s11689-017-9191-z

Berry, R. C., Novak, P., Withrow, N., Schmidt, B., Rarback, S., Feucht, S., Criado, K. K., & Sharp, W. G. (2015). Nutrition management of gastrointestinal symptoms in children with autism spectrum disorder: Guideline from an expert panel. *Journal of the Academy of Nutrition and Dietetics*, 115 (12), 1919-1927.

Criado, K. K., Sharp, W. G., McCracken, C. E., De Vinck-Baroody, O., Dong, L., Aman, M. G., McDougle, C. J., McCracken, J. T., Eugene Arnold, L., Weitzman, C., Leventhal, J. M., Vitiello, B., & Scahill, L. (2017). Overweight and obese status in children with autism spectrum disorder and disruptive behavior. *Autism: The international journal of research and practice*, 22 (4), 450-459.

Eddy, K. T., Harshman, S. G., Becker, K. R., Bern, E., Bryant-Waugh, R., Hilbert, A., Katzman, D. K., Lawson, E. A., Manzo, L. D., Menzel, J., Micali, N., Ornstein, R., Sally, S., Serinsky, S. P., Sharp, W., Stubbs, K., Walsh, B. T., Zickgraf, H., Zucker, N., & Thomas, J. J. (2019). Radcliffe ARFID Workgroup: Toward operationalization of research diagnostic criteria and directions for the field. *The International Journal of Eating Disorders*.

Lesack, R., Bearss, K., Celano, M., & Sharp, W. G. (2014). Parent-child interaction therapy and autism spectrum disorder: Adaptations with a child with severe developmental delays. *Clinical Practice in Pediatric Psychology*, 2, 68-82.

McCracken, C. E., & Sharp, W. G. (2017). Intensive multidisciplinary intervention for pediatric feeding disorders. *Journal of Pediatrics*, 188, 313-314.

McElhanon, B. O., McCracken, C., Karpen, S., & Sharp, W. G. (2014). Gastrointestinal symptoms in autism spectrum disorder: A meta-analysis. *Pediatrics*, 133, 872-883.

Sharp, W. G., & Stubbs, K. H. (2019). Avoidant/restrictive food intake disorder: A diagnosis at the intersection of feeding and eating disorders necessitating subtype differentiation. *The International Journal of Eating Disorders*.

Sharp, W. G., Postorino, V., McCracken, C. E., Berry, R. C., Criado, K. K., Burrell, T. L., & Scahill, L. (2018). Dietary intake, nutrient status, and growth parameters in children with autism spectrum disorder and severe food selectivity: An electronic medical record review. *Journal of the Academy of Nutrition and Dietetics*, 118 (10), 1943-1950.

Stubbs, K., Volkert, V.M., Rubio, E.K., & Ottinger, E. (2018). A comparison of flipped spoon presentation and redistribution to decrease packing in children with feeding disorders. *Learning and Motivation*. (62) 103-111

Cohenour, J., Volkert, V.M., & Allen, K.D. (2018). An experimental demonstration of AAB renewal in children with autism spectrum disorder. *Journal of the Experimental Analysis of Behavior*. (110) 63-73.

Call, N.A., Clark, S.B., Mevers, J.L., Parks, N.A., Volkert, V.M., & Scheithauer, M.C. (2018). An individualized method for establishing and thinning multiple schedules of reinforcement following functional communication training. *Learning and Motivation*. (62)91-102.

Bearss, K., Burrell, T.L., Stewart, L., & Scahill, L. (2015). Erratum to: parent training in autism spectrum disorder: what's in a name? *Clinical Child and Family Psychology Review*, 18, 183.

Bearss, K., Burrell, T.L., Stewart, L., & Scahill, L. (2015) Parent training in autism spectrum disorder: what's in a name? *Clinical Child and Family Psychology Review*, 18, 170-182.

Yosick, R. N., Muskat, L. R., Bowen, C. N., Delfs, C. H., & Shillingsburg, M. A. (2015). Increasing Single-Word Requests to Multiword Requests in Children with Autism and Related Disabilities. *Behavioral Interventions*, 31(1), 28–43. doi: 10.1002/bin.1434

Shillingsburg, M. A., Hollander, D. L., Yosick, R. N., Bowen, C., & Muskat, L. R. (2015). Stimulus-Stimulus Pairing to Increase Vocalizations in Children with Language Delays: a Review. *The Analysis of Verbal Behavior*, 31(2), 215–235. doi: 10.1007/s40616-015-0042-2

Akers, J.S., Higbee, T.S., Gerencser, K.R., & Pellegrino, A.J. (2018). An evaluation of group activity schedules to train children with autism to play hide-and-seek with typically developing peers. *Journal of Applied Behavior Analysis*, 51, 553-570.

Gerencser, K.R., Higbee, T.S., Contreras, B.P., Pellegrino, A.J., Gunn, S.L. (2018). Evaluation of interactive computerized training to teach paraprofessionals how to implement errorless discrete trial instruction. *Journal of Behavioral Education*, 27, 461-487.

Scheithauer, M., Muething, C.S., Silva, M.R., Gerencser, K.R., Krantz, J., & Call, N.A. (2018). Using caregiver report on the impact of challenging behavior exhibited by

children with autism spectrum disorder to guide treatment development and outcomes. *International Journal of Developmental Disabilities*.

Gerencser, K.R., Higbee, T.S., Akers, J.A., & Contreras, B.P. (2017). Evaluation of interactive computerized training to teach parents to implement photographic activity schedules with children with autism spectrum disorder. *Journal of Applied Behavior Analysis, 50*, 567-581.

Call, N. A., Clark, S. B., Mevers, J. L., Parks, N. A., Volkert, V. M., & Scheithauer, M. C. (2018). An individualized method for establishing and thinning multiple schedules of reinforcement following functional communication training. *Learning and Motivation, 62*, 91-102.

Call, N. A., Reavis, A. R., McCracken, C. E., Gillespie, S. E., & Scheithauer, M. C. (2015). The impact of delays on parents' perceptions of treatments for problem behavior. *Journal of Autism and Developmental Disorders, 45* (4), 1013-1025.

Call, N. A., Alvarez, J. P., Simmons, C. A., Lomas Mevers, J. E., & Scheithauer, M. C. (2016). Clinical outcomes of behavioral treatments for elopement in individuals with autism spectrum disorder and other developmental disabilities. *Autism: the international journal of research and practice, 21* (3), 375-379.

Call, N. A., Mevers, J. L., McElhanon, B. O., & Scheithauer, M. C. (2017). A multidisciplinary treatment for encopresis in children with developmental disabilities. *Journal of Applied Behavior Analysis, 50* (2), 332-344.

Call, N. A., Miller, S. J., Mintz, J. C., Mevers, J. L., Scheithauer, M. C., Eshelman, J. E., & Beavers, G. A. (2016). Use of a latency-based demand assessment to identify potential demands for functional analyses *Journal of Applied Behavior Analysis, 49* (4), 900-914.

Lomas Mevers, J. E., Noell, G. H., Scheithauer, M., Miller, S., Alvarez, J. P., & Fischer, A. J. (2018). The impact of stimulus preference, order-effects, and treatment component omission in evaluating treatment integrity. *Journal of School Psychology, 69*, 45-55.

Lomas Mevers, J., Muething, C., Call, N. A., Scheithauer, M., & Hewett, S. (2018). A consecutive case series analysis of a behavioral intervention for enuresis in children with developmental disabilities. *Developmental Neurorehabilitation, 21* (5), 336-344.

Hodnett, J., Scheithauer, M., Call, N. A., Mevers, J. L., & Miller, S. J. (2018). Using a Functional Analysis Followed by Differential Reinforcement and Extinction to Reduce Challenging Behaviors in Children With Smith-Magenis Syndrome. *American Journal on Intellectual and Developmental Disabilities, 123* (6), 558-573.

Scheithauer, M., Call, N., Mevers, J. L., & Scahill, L. (2018). A Feasibility randomized clinical trial (RCT) of a manualized intervention targeting elopement (running away) in children with Autism Spectrum Disorder. (Journal) 31, 564-564.

Scheithauer, M., Muething, C. S., Silva, M. R., Gerencser, K. R., Krantz, J., & Call, N. A. (2018). Using caregiver report on the impact of challenging behavior exhibited by children with autism spectrum disorder to guide treatment development and outcomes. *International Journal of Developmental Disabilities*, 1-12.

MEET THE DOCTORAL PSYCHOLOGY INTERNS

Current Interns (Class of 2019-2020)

Madeline Auge, University of Tennessee Knoxville
Grace Binion, University of Oregon
Jonathan Ferguson, University of Missouri
Meara McMahon, University of Georgia
Amanda Kazee, Ball State University
Clare Polega, Adler University - Chicago
Kortney Rist, Oklahoma State University
Emily Rubio, Georgia State University
Lauren Holder, Spalding University

Internship Graduates

Home Graduate Programs

Adler University (Clinical)
Argosy University-Atlanta (Clinical)
Auburn University (Clinical)
Ball State University (School)
Binghamton University- SUNY (Clinical)
University of Buffalo-SUNY (Clinical)
Fordham University (School)
Georgia State University (Clinical & Neuropsychology)
Indiana State University (School)
Louisiana State University (School)
Louisiana State University (Clinical)
McGill University (School)
Michigan State University (School)
Mississippi State University (School)
Nova Southeastern University
Oklahoma State University (School)
Palo Alto University (Clinical)
Rutgers University (School)
University of Alabama (School)
University of Buffalo(Clinical)
University of Cincinnati (School)
University of Eastern Michigan
University of Georgia (School)
University of Illinois (School)
University of Georgia (School)
University of Illinois (School)
University of Indianapolis (Clinical)
University of Iowa (School)
University of Kentucky (School)
University of Manitoba (Clinical)
University of Massachusetts-Boston (School)
University of Missouri-Columbia (School)
University of North Carolina-Chapel Hill (School)
University of North Carolina-Greensboro (Clinical)
University of Notre Dame (Clinical)
University of Oregon (School)
University of Southern Alabama (Clinical)
University of Southern Maine (School)
University of Southern Mississippi (School)
University of Texas-Austin (School)
University of Utah (School)
Seattle Pacific University (Clinical)
Texas Tech (Clinical)
Virginia Tech (Clinical)
Xavier University (Clinical)
Vanderbilt University (Clinical)

Current Professional Activities & Locations (After Fellowship)

ACTIVITY	LOCATION
• Assistant Professor	Duke
• Assistant Professor	Munroe Meyer Institute, University of Nebraska Medical Center
• Assistant Professor	Murray State University
• Assistant Professor	University of Alabama
• Assistant Professor of Pediatrics	University Wisconsin-Milwaukee, School of Medicine
• Assistant Professor of Pediatrics & Clinical Faculty(5)	Emory University School of Medicine / Marcus Autism Center
• Assistant Professor of Psychology	University of Wisconsin, Milwaukee
• Assistant Professor of Psychology	University of North Carolina, Wilmington
• Assistant Director of Clinical Services & Research	Trumpet Behavioral Health, San Jose, California
• Autism Program Director	Emerge Center For Communication, Education and Development, Baton Rouge, Louisiana
• Behavioral therapist	San Diego, California
• Child Psychologist	Hong Kong, China
• Pediatric Neuropsychologist	Integrated Center for Child Development, Boston, Massachusetts
• Private Practice (4)	Atlanta, Georgia
• Private Practice	Greensboro, NC
• Private Practice	Harrisonburg, Virginia
• Private Practice	Long Island, New York
• Private Practice	Louisville, Kentucky
• Private Practice	New Orleans, Louisiana
• Private Practice	Seattle, Washington
• School Psychologist	Durham, North Carolina
• Staff Psychologist (2)	Children’s Healthcare of Atlanta, Atlanta Georgia
• Staff Psychologist	Cincinnati Children’s Hospital, Developmental & Behavioral Pediatrics
• Staff Psychologist	Boston Children's/ Harvard Medical
• Staff Psychologist	The Kelly O'Leary Center for Autism Spectrum Disorders, Cincinnati, Ohio
• Staff Psychologist	Kenney Krieger

APPLICATION PROCESS

HOW TO APPLY TO THE DOCTORAL PSYCHOLOGY INTERNSHIP

Selection Criteria

We are interested in highly qualified applicants who have a demonstrated commitment to clinical and research interests relevant to work with children with developmental or physical challenges. Applicants must be enrolled in a doctoral program in School or Clinical Psychology at a regionally accredited institution of higher education and must have completed at least three years equivalent of full-time graduate-level study by the start of the internship. In addition, applicants must have the approval of their graduate program Director of Clinical Training, and have completed at least 500 hours of practicum work at the time of application, and they must have a dissertation/capstone project proposal accepted by their graduate faculty to the start of internship. Our internship follows the selection guidelines and procedure of the Association of Psychology Postdoctoral and Internship Center (APPIC), and thus application materials are not accepted directly by the program.

In the APPIC match process, successful candidates will match with one primary placement in the internship, although they may list multiple placements on their match rank-order list. Given the significant differences between the assessment and treatment tracks, candidates have historically been a good fit for one or the other track and, therefore, are required to apply only to one track.

Successful candidates on Treatment Track, Language and Learning Track, Feeding Track, and Severe Behaviors Track will have a strong background in behavioral theory and treatment, and/or other significant clinical experience with individuals with developmental disabilities.

Successful candidates on the Assessment Track will have considerable standardized assessment experience, including some experience with autism or other developmental disabilities.

The internship requires a minimum of 500 combined hours practicum, which may include and assessment and treatment experiences. Preference is given to applicants from programs accredited by the APA or the Canadian Psychological Association (CPA). Foreign nationals are encouraged to apply and must arrange on their own any work visa required to hold a paid trainee position for the duration of the internship. We welcome applications from both PhD and PsyD programs.

Application Materials and Deadline

All applicants to the Internship program are managed via the APPIC application and match process. In accordance with their guidelines, candidates must submit the following:

1. A complete APPIC Application for Psychology Internship (APPI), curriculum vitae, official transcripts of all graduate coursework, and letters of recommendation written by three professors or work supervisors must be uploaded to the application portal.
2. As an optional component, applicants may upload a sample assessment or treatment report.
3. Within your cover letter, **please indicate your interest in specific Tracks.**
4. The Deadline for receipt of all application materials is **November 1st**. Qualified applications will be reviewed and interview notifications will be issued by the first Monday in December.

Interviews

Candidates are required to complete an interview day, which will be scheduled on one of 4 days in December and/or January. Candidates will be notified of the invitation to interview by the first Monday in December. Please see the APPIC website for update interview information.

Notification of Application Status

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. Notice of acceptance into the Internship program will be extended via the computer matching service and a subsequent phone call. Confirmation is documented to new interns and their graduate program Directors of Clinical Training soon after the completion of the match.

Start Date

The Internship program begins on the first Monday in July. Alternate starting dates are not negotiable.

Financial Support & Fringe Benefits

The Marcus Autism Center provides financial remuneration to interns. The salary for interns is expected to be \$28,085; this is currently under administrative and budgetary review. In addition, interns typically receive funds to partially cover travel to professional conference(s), and full employee benefits through Emory University.

Questions may be addressed to:

Laura Dilly, PhD, ABPP
Doctoral Psychology Internship
Department of Pediatrics, Emory University School of Medicine
1920 Briarcliff RD NE
Atlanta, GA 30329
Laura.dilly@choa.org

ATLANTA, GEORGIA

Atlanta is one of the most dynamic and intriguing cities in the United States, and yet she successfully retains her historic charm and hospitality. This continually evolving metropolis is currently home to well over four million people of great ethnic and cultural diversity. As a developing city, Atlanta has an expanding job market, encompassing the most current avenues of business, technology, and health care. Academic opportunities, associated with Atlanta's prestigious colleges and universities, are abundant. Air travel is made easy by hubs for Delta Airlines and Southwest Airlines at Atlanta's Jackson-Hartsfield International Airport.

In terms of entertainment, Atlanta accommodates a wide range of interests. Historic sites include the birthplace of and national monument for Martin Luther King Jr., the Margaret Mitchell House, the Jimmy Carter Presidential Library, and area Civil War battlefields. Cultural institutions are as varied as the Fox Theater, Atlanta Ballet, Atlanta Symphony Orchestra, High Museum of Art, and the Verizon, Lakewood and Chastain Amphitheatres. Atlanta's sports and recreational activities easily rival that of any city. Sports teams include the *Falcons* (football), the *Braves* (baseball), the *Dream* (women's basketball), the *Atlanta United FC* (men's soccer) and the *Hawks* (men's basketball). Hiking, biking, walking, rollerblading, golfing and boating can be found in Stone Mountain Park, Piedmont Park as well as many of the other area parks and gardens. Atlanta Motor Speedway and Road Atlanta are hosts to yearly stock car races. Six Flags over Georgia, the World of Coca-Cola, the Georgia Aquarium, The Center for Civil and Human Rights, Georgia History Center, Atlanta Botanical Garden, High Museum of Art, and Zoo Atlanta, and high profile shopping centers of the South are also popular attractions. Atlanta also offers a fantastic assortment of nightlife activities including bars, dance clubs, jazz clubs, and restaurants of every theme imaginable. Finally, Atlanta is located 4 hours from Savannah, among other historic southern cities, allowing for weekend trips to revisit the charm of the Old South or the beaches of the Atlantic Ocean. The overwhelming number of opportunities, whether business or pleasure, combine to make Atlanta a city of energy and excitement.