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
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E-mail: apaaccred@apa.org;
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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, developmental disabilities, and/or psychodiagnostic assessment. 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. Two tracks of training allow some degree of specialization: the Treatment Track emphasizes applied behavior analysis and related behavioral treatments, while the Assessment Track emphasizes a comprehensive developmental approach to assessment and evaluation within an interdisciplinary framework.

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 MAC 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.

**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 progresses 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 genetic counselors, occupational therapists, physicians and nurse practitioners (development-behavioral pediatrics, neurology, 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 advance 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 two 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, counsel, marriage and family therapist) or postdoctoral psychology resident may provide up to 20% of interns’ supervision. Interns also have a chance to with collaborate and learn from other professional providers.
TREATMENT TRACK

Clinical Assessment and Treatment. Interns on the Treatment Track are expected to have an approximate average of 13-15 hours of direct patient contact per week. Case assignments to the various clinics and programs are designed to provide broad training and experiences in health service psychology. We insure that interns are exposed to the diverse opportunities available through the clinical services, while also allowing them to gain additional experience in their areas of interest and expertise. All interns gain some experience in clinics specializing in treatment of children who display feeding disorders, language acquisition difficulties, and severe behaviors (all described in detail below). All clinical rotations are supervised by licensed psychologists and include both clinical and research opportunities.

Consultation. Interns on the Treatment Track may serve as consultants to providers in a variety of settings within the pediatric health care system and to personnel within community schools. On intensive cases, interns often are members of interdisciplinary teams and may serve as consultants in schools and community-based agencies. Consultation is integral in an interdisciplinary setting and interns may receive supervision or training by different disciplines on a case-by-case basis (in addition to their supervision by a licensed psychologist.)

Formal Assessment. Doctoral Interns on the Treatment Track demonstrate assessment competencies by participating in a series of comprehensive psychological and diagnostic assessments during part of the year. The purpose of this training experience include the following: (a) helping interns know when to make a referral for a comprehensive psychological assessment; (b) applied training in psychological assessments and diagnostic evaluations, report preparation, and interpretation; and (c) training in screening procedures for neurobehavioral disorders. The interns conduct assessments in the Clinical Assessment and Diagnosis Program and/or on patients from other clinics as the clinical needs of the patient dictate. Supervision is provided for each assessment case. The level of involvement and the number of cases included in this training may be adjusted to match interns’ prior experience and interests in these competencies. For interns in this track who are interested in more in-depth assessment experiences, the faculty work to schedule additional assessment cases, as time permits.

Case Presentations & Peer Review. As part of providing high quality clinical care, many clinics require the occasional presentation of treatment cases for review by other clinicians in the program, overview of the case, review of assessment and treatment procedures, presentation of graphed data, and discussion of relevant conceptual issues. The purpose of the peer review process is to insure that treatment of patients is subjected to review by colleagues to (a) insure that patients are treated in an ethical and appropriate manner, (b) serve as a didactic tool by exposing the group to a variety of different assessment and treatment options, (c) consult the research literature for empirical support of treatment option, and (d) obtain input from the group regarding alternative assessment and treatment options that had not been otherwise considered. Through this peer review process, interns acquire skills pertaining to the selection of ethical clinical procedures, which are of high quality both in terms of methodology and effectiveness, as well as public presentation skills. Faculty, interns, and staff may offer constructive criticism and recommend alternative assessment and intervention strategies. In addition, pertinent research findings often are presented and discussed as they relate to the case.

ASSESSMENT TRACK
Assessment. Interns on the Assessment Track will devote an average of 10-12 hours of direct patient contact per week conducting diagnostic and clinical evaluations for autism and related disorders. Many of the evaluations are multidisciplinary, affording the intern opportunities to train alongside a variety of medical providers, psychiatrists, speech pathologists, case managers, and genetic counselors in addition to psychologists. Consistent with the overall focus of this track, these experiences build expertise to triage referrals for appropriate diagnostic and clinical assessments; to select and use screening procedures for infants and toddlers at risk for neurodevelopmental disorders; to apply knowledge of developmental, cognitive, diagnostic, and behavioral assessments; to provide comprehensive and integrated diagnostic formulations in parent feedback sessions and in integrated written reports; and to disseminate diagnostic findings and associated recommendations within a multidisciplinary context, both during feedback sessions and in written reports.

Intervention. In addition to the assessment training at Marcus, interns will also have the opportunity to devote 40% time over 6 months to a minor rotation with involvement in intervention, consultation, or further assessment. Interns will be assigned to clinical cases within treatment programs at the Marcus Autism Center or in other CHOA locations (upon availability). These experiences will ensure that interns are exposed to the diverse patient populations, presenting concerns, and intervention or consultation modalities available through clinical services, while also allowing them to gain additional experience in areas of particular interest or expertise. All rotations are supervised by licensed psychologists. Historically, rotations have included Neuropsychology at CHOA, RUBI Parent Training, Severe Behavior Outpatient, Feeding Disorders Outpatient, or the Language and Learning Clinic. The program also is investigating a placement in the Hematology/Oncology psychosocial consultation service at CHOA’s Egleston Children’s Hospital. The intern and supervisor will work together to determine which rotation will best fit their interests and training goals.

ADDITIONAL METHODS OF INSTRUCTION

Summer Symposium

Near the start of each training year, all interns join other trainees and professional in the building 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, renowned professional experts from around the country, as well as consumers. Topics in recent years have included defining, detecting and diagnosing 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 identity 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. 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.

 CLINICAL EXPERIENCES (Rotations)

 TREATMENT TRACK (6 positions)

Interns in the Treatment Track complete two, 6-month major clinical rotations (4.5 days per week), one year-long minor rotation (1/2-day per week) and a brief rotation in psychodiagnostic assessment. Interns are matched with a clinical area of primary interest through the national internship match, and then they assigned to other clinical areas, based on interest and availability. The rotations allow experiences in clinical programs that serve many common forms of childhood psychopathology, a spectrum of mental and physical disabilities, medically related behavior disorders, brain injury, and neurological disorders. While the Center’s focus is on serving families of individuals on the autism spectrum, clinical activity extends beyond this category to include other childhood psychological disorders. Case assignments to the various
clinics and programs are designed to provide broad training and experiences in Health Service Psychology. In addition, interns develop training goals, which are incorporated into selection of training experiences for individual interns. We ensure that interns are exposed to the diverse opportunities available through the clinical services, while also allowing them to gain additional experience in their areas of interest and expertise. The advantage of this training model is that interns have the opportunity to deliver services (a) to patients of different ages (i.e., 6 months to 18), (b) for a variety of presenting problems (e.g., attention-deficit disorder, conduct disorder, intermittent explosive disorder, failure to thrive, self-injurious behavior, autism, learning disabilities, mental retardation), (c) within the context of different service delivery environments (e.g., school, clinic, and home), and (d) within the context of a variety of service delivery models (e.g., consultation, interdisciplinary team, direct therapy). All clinical rotations are supervised by licensed psychologists and include both clinical and research activities. Case assignments and intern rotations also depend on the overall needs of the Internship.

**Skill Acquisition - Language and Learning Clinic (1 position)**

The Language and Learning Clinic (LLC) at The Marcus Autism Center serves children diagnosed with autism and related developmental disabilities between the ages of 2 and 6 years who are exhibiting significant language and social communication delays, common to individuals on the autism spectrum. A central goal of the LLC is to work with families to identify areas of strength, areas in need of remediation, and barriers to intervention that can be addressed through direct and indirect intervention services.

Interns in the LLC have the opportunity to gain experience working directly with children and in some cases delivering caregiver training. They learn to conduct and utilize comprehensive language assessments to aid in intervention programming. Treatments focus on improving language skills and addressing barriers that may interfere with learning, but may also include teaching other skills, such as play skills, social skills, adaptive skills, school readiness skills. They learn how to integrate child development and evidenced-based practice, which includes ABA, as well as an arsenal of other tools to produce meaningful outcomes in the daily life of the children they work with. These skills are taught through 1:1 instruction using both Discrete Trial Training and Natural Environment Teaching strategies. Interns work as part of a team and serve as integral members that bring unique experiences and areas of expertise. They actively contribute to the development, implementation, and evaluation of intervention programming.

Interns work as a primary clinician in the Clinic-Based Day Treatment Program where children receive daily, 2- to 3-hour intervention services in the clinic. All services are provided by a clinician in a 1:1 format. Supervision is provided by a licensed psychologist, masters level board certified behavior analysts, or doctoral level consultants. Once they become independent in working directly with clients in the clinic and develop a strong foundation in case conceptualization, many interns are assigned a case in which they are responsible for identifying intervention goals, making treatment decisions, training and supervising therapists, and providing caregiver training. As part of this process, they contribute to the goal of the LLC to incorporate transition planning and consultation services to the family's community, which is seen as a critical component of care. They learn how to select and evaluate interventions that will generalize to the child's natural environment. They work with families and school personnel to ensure that progress made in the clinical setting can be maintained and successfully generalized to other environments.
Understanding and Treating Severe Behaviors (2 positions)

The Severe Behaviors Program provides a continuum of services for individuals (3-21 years) with developmental disabilities who display severe destructive behavior such as self-injurious behavior (SIB), aggression, property destruction, noncompliance, tantrums, elopement, pica and toileting deficits. To qualify for treatment in our department, the problem behavior must be interfering with the individuals quality of life (e.g., individual is a danger to him or herself or, is at risk for more restrictive placement, is unable to partake in daily living tasks, etc.). 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.

Clients in all programs are drawn from community referrals. 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.

**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. This manualized intervention takes place within a structured 11-week program developed specifically for children diagnosed with Autism Spectrum Disorder (ASD) who have co-occurring problem behaviors that may include: aggression (hitting, kicking, biting), tantrums, meltdowns, noncompliance, defiance, whining, screaming, or other behaviors that interfere with everyday life.

**The Brief Behavior Intervention (BBI) Program (minor rotation)** is a weekly outpatient program. Children in the BBI program are seen for weekly 2-hour appointments for approximately 10 weeks. Appointments take place in the home, community, clinic, or via telehealth, as appropriate depending on the family’s needs. Children have a variety of problem behaviors of moderate to high severity, including aggression, self-injury, noncompliance, disruptive behavior, elopement, and pica. To qualify for the BBI program, these behaviors must be able to be safely managed by one individual, making behavior less intense than the day treatment program and more representative of problem behavior commonly encountered in school or community-based clinical settings. Weekly appointments allow trainees to acquire experience with a variety of children and an array of presenting problems while working very closely with experienced board certified behavior analysts under the supervision of a licensed psychologist. Targeted treatment goals are achieved through the therapist coaching the caregiver in completing a functional analysis and implementing function-based treatments. There is a heavy emphasis on parent training, with the caregivers rehearsing skills both during the appointment as well as between appointments. Success is evaluated based on a combination of observations during appointments and a heavy emphasis on caregiver collected data between appointments.

**The Behavioral Day Treatment Program (major rotation component)** is the most intensive treatment format available at the Marcus Autism Center. Children in the Day Treatment Program
spend all day (6 hours) in intensive therapy. 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. Functional Analyses are conducted to identify the function of the behavior(s). Information learned from the functional analysis is used to develop function based interventions. Once the patient is discharged, continued follow-up services are provided in the form of community-based services and ongoing case management. The Day-Treatment program performs comprehensive behavioral assessments and interventions with a strong foundation in applied behavior analysis. A critical component of the program is to train caregivers (e.g., parents, teachers) to implement prescribed treatments. Pre-admission home and school visits are conducted to assess both child and caregiver behavior. These assessments continue while the child is in the program. Once an effective treatment has been developed, caregivers are trained to implement the intervention at mastery level (90% accuracy). Caregivers may practice implementation of the treatment in a variety of naturalistic settings under the supervision of a therapist to promote maintenance of treatment gains. Follow-up visits take place in the natural environment for six months to ensure caregivers are supported and that treatments can be monitored/modified as needed.

Two-week Intensive Urine Continence Training Program (major rotation component) focuses on urine training through interventions that use consistency and reinforcement. Children attend the program in the clinic for six hours a day for approximately 10 days. The two-week program begins with therapists providing treatment services within the clinic and caregivers are trained to implement treatment once the child is achieving continence. This service is most often recommended for children that exhibit mild to severe problem behavior, older children, and children that have been unsuccessful with intensive toilet training in the past.

Two-week Intensive Bowel Continence Training Program (major rotation component) focuses on bowel training children through interventions that use a combined medical/behavioral approach. Children attend the program in the clinic for up to three hours a day for approximately 10 days. The two-week program begins with therapists providing treatment services within the clinic. Caregivers are trained to implement treatment once the child is achieving continence. This program is best for children who are not having urine accidents but have a history of constipation or who are not having regular bowel movements in a toilet.

Pediatric Feeding Disorders (2 positions)

The Pediatric Feeding Disorders program provides services for children who do not consume enough volume or variety of food to maintain adequate growth or nutrition. The multidisciplinary team consists of behavioral psychologists, nutritionists, occupational therapist, speech pathologist, nurse practitioner, pediatric gastroenterologist, medical assistant, and social worker. The psychological portion of care includes a heavy emphasis on applied behavior analysis, although some cognitive behavioral strategies and consideration of family systems issues may also be incorporated. The two rotations within the feeding program are in the day treatment program and in the outpatient program. Interns would participate in each rotation as well as participate in multidisciplinary assessments.

Based on the information obtained through a multidisciplinary assessment, the team meets and agrees upon general and specific recommendations and, if necessary, a treatment plan for the child. The child then is referred to the Day Treatment or Outpatient Program or to appropriate
providers elsewhere in the community. Throughout the child's course of treatment, the team works together closely to provide comprehensive assessment, treatment, and follow-up.

Interns in the **Intensive Day Treatment Program** provide treatment for children whose feeding problems require daily intensive therapy (e.g., failure to thrive, nasogastric or gastrostomy tube dependence, food or texture selectivity, and food refusal), but who do not need around-the-clock medical supervision. The goals of the program are to increase appropriate and decrease inappropriate mealtime behaviors. Goals also may include increasing volume of food consumed, increasing texture of food consumed, decreasing dependence on alternative forms of nutrition (e.g., G-tubes), and increasing variety of foods consumed. The child attends the program Monday through Friday from 8:30 a.m. to 4 p.m. The program involves intensive feeding sessions of three to four meals per day (3-4 hours of feeding therapy), medical and nutritional monitoring, oral motor treatment, psychosocial family support, and caregiver training. The program lasts approximately eight weeks.

Children with severe feeding difficulties (e.g., failure-to-thrive, vomiting, G-tube dependence, total food refusal, extreme selectivity) usually are referred for day treatment services so that medical assessments, oral motor assessments, close nutritional monitoring, and behavioral interventions can be conducted. Each discipline conducts a variety of assessments to determine the child's course of treatment. An occupational therapist or speech pathologist may need to assess the child's oral motor abilities to determine whether or not the feeding difficulty is related to neurological deficits or oral motor dysfunction. A nutritionist may need to evaluate the nutritional and caloric requirements for catch-up growth. A social worker may need to assist the family in dealing with psychosocial issues and/or identify and obtain other community resources.

Almost all children with feeding disorders display inappropriate mealtime behavior that interferes with food consumption, regardless of the disorder's etiology. Therefore, a major focus of the program for most children is on the empirical assessment and treatment of behavioral feeding problems. The Pediatric Feeding Disorders Program has a long and successful history of applying the principles and procedures of applied behavior analysis to the treatment of feeding disorders. Throughout the child's admission, individualized assessments are conducted for a number of reasons: (a) to identify the appropriate treatment procedures; (b) to assess the efficacy of ongoing treatment; and (c) to determine the components of treatment necessary to maintain treatment gains. Throughout the child's admission, the multidisciplinary team meets regularly to review and adjust the child's treatment as necessary to meet admission goals.

The **Outpatient Feeding Program** is for children who graduate from the day treatment program or for children whose feeding problems could be treated through less intensive therapy (e.g., once per week). During these sessions, the caregiver reports on the child's progress at home. Relevant team members provide feedback. The caregiver and child also may practice the feeding techniques recommended by the team. Caregivers are expected to maintain records on the child's feeding behaviors and use the recommendations at home discussed during the session. Therapists also implement protocols. This clinic allows ongoing opportunities to participate in case coordination and consultation with the speech pathologist, occupational therapist and dietitian to assure excellent continuity of care. In addition to traditional outpatient services, the Feeding program also provides brief intervention and behavioral consultation in a private pediatric gastroenterology practice.

**Clinical Assessment and Diagnostic Clinic (CAD)**

Marcus Autism Center Internship 14
This clinic provides another brief rotation for interns on the treatment track, with each intern expected to participate in at least 3 comprehensive assessments. The clinic provides diagnostic and clinical assessments of individuals with a wide range of neurodevelopmental disorders. Children seen in the CAD clinic range from infancy to late adolescence. Each child is assessed for Autism Spectrum Disorders as well as the many differential diagnosis commonly seen in this population, including developmental delay, intellectual disability, anxiety disorders, behavioral disorders, ADHD, as well as many others. The children seen in the CAD are highly diverse in their race, ethnicity, urbanacancy, 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. The intern will focus on learning about gold standard autism assessment as well identifying each child’s developmental strengths and weaknesses, which inform treatment planning for children and their families.

**ASSESSMENT TRACK**

Full-year training. Interns in the Assessment Track experience a combination of training opportunities across the year. They will conduct evaluations in the either the Clinical Assessment Core of the Research Program or the Clinical Assessment & Diagnostic program, serving in this capacity two to three days per week, for all 12 months. In addition, interns participate in a year-long placement related to intervention, one day per week for the year. This typically involves placement in the RUBI Parent Training Program, although training experience in another clinical program is possible, depending upon supervisor availability.

Six-month training. Interns in the Assessment Track will also complete two part-time 6-month rotations, comprised of a rotation in the Clinical Assessment and Diagnostics Program (for the intern whose primary rotation is in the Clinical Assessment Core) or the Clinical Assessment Core (for the intern whose primary rotation is in the Clinical Assessment and Diagnostics Program) within the Marcus Autism Center. As additional 6 month rotation will be completed in one of the following settings (It will be chosen on their primary rotation as well as the intern’s interest, supervisor availability, and budgetary approval) at Children’s Healthcare of Atlanta in the Department of Neuropsychology or at one of the following Marcus treatment programs (e.g., Severe Behavior, Feeding Disorders, Language and Learning Clinic, or the Hematology/Oncology psychosocial consultation service at Egleston Children’s Hospital).

**Clinical Assessment Core for Research (no positions available in 2018-2019)**

The Clinical Assessment Core (CAC) of the research program at the Marcus Autism Center is the locus for the recruitment, rigorous clinical characterization, management and care of children and their families participating in clinical research. The objectives of the CAC include: *(a) Recruitment*: to ensure that a sufficient number of subjects (including infants, toddlers, school-age children, and adolescents) are recruited for each project in an efficient and ethical manner, with efforts to reduce attrition and maximize follow-through, making full use of the vast clinical resources available through the Marcus Autism Center; *(b) Clinical Characterization*: to provide each participant with a well centralized, supported, and coordinated assessment protocol conducted and supervised by expert clinicians to ensure the accurate collection and management of diagnostic, assessment, genetic, and medical data between clinical and
experimental procedures; (c) **Clinical Care**: to provide optimal clinical care to individuals participating in research through provision of diagnostic conceptualization during parent conferences, and through written reports with test results, diagnostic formulations, and recommendations for treatment and intervention services; (d) **Training & Reliability**: to ensure achievement of high-level procedural and numerical reliability among the CAC clinicians, maintenance of achieved reliability, and correction of drift among staff; and (e) **Quality Control**: to ensure investigator satisfaction and quality control of procedures by implementing a systematic framework for communication between investigators and the CAC through the use of both a web-based platform and regularly scheduled meetings.

The assessments conducted through the CAC will focus on infant, toddler, and school-aged evaluations, offering experiences in early identification and detection of children with or at risk for Autism Spectrum Disorder, neurodevelopmental and language disorders, and genetic disorders. Because they are multidisciplinary in nature, these experiences will afford interns the opportunity to participate in evaluations with speech pathologists, nurse practitioners, genetic counselors, and care coordinators. An additional day for the full year will include intervention experience in parent training or parent education. The CAC provides standards of excellence in clinical research characterization through the diagnostic and clinical evaluation of individuals by highly experienced licensed clinicians from a multitude of disciplines, including psychology, speech pathology, nursing, pediatrics, genetics and care coordination.

**Clinical Assessment and Diagnostics (2 positions)**

The Clinical Assessment and Diagnostics department is a multidisciplinary clinic 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. Each child is assessed for Autism Spectrum Disorders 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, urbanacit, 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. In addition, this rotation provides the opportunity to work on cases within a multidisciplinary team that includes clinical psychologists, as well as neurologists, developmental pediatricians, psychiatrists, nurse practitioners, and social workers/case managers on a case by basis. The intern will focus on early and accurate diagnosis of Autism Spectrum Disorder and also provide treatment planning for children and their families.

**RUBI-Parent Training Program** is an outpatient program developed and shown to decrease challenging behaviors in children with Autism Spectrum Disorder 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. This manualized intervention takes place within a structured 11-week program developed specifically for children diagnosed with ASD who have co-occurring problem behaviors that may include: aggression (hitting, kicking, biting), tantrums, meltdowns,
noncompliance, defiance, whining, screaming, or other behaviors that interfere with everyday life.

**Neuropsychology at Children's Healthcare of Atlanta provides an off-site rotation.** Interns who choose this rotation 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.

**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

Supervising Faculty Members

Tiffany Aronson, PsyD is a senior psychologist in Clinical Assessment and Diagnostics (CAD) and Clinical Assessment Core. Dr. Aronson received her doctoral degree in Clinical Psychology from Nova Southeastern University in 2010. She completed her pre-doctoral internship at Miami Children's Hospital and her postdoctoral fellowship in the Pediatric Neurodevelopmental Center at the Marcus Autism Center. After fellowship, Dr. Aronson returned to South Florida as the Director of Clinical Services at a nonprofit organization. Dr. Aronson returned to Marcus Autism Center in 2014, where she focuses on diagnosis and treatment planning for young children with autism spectrum disorder.

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 postdoctoral 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.

**Kristen K. Criado, PhD** earned her doctorate in clinical psychology at the University of Florida. She completed her internship and postdoctoral fellowship at the Mailman Center for Child Development at the University of Miami. After working as a research assistant professor in the Department of Psychology at the University of Miami, Dr. Criado joined the Marcus Autism Center and the faculty at Emory University. She is a supervisor in the outpatient clinics in the Pediatric Feeding Disorder Program. Her research focuses on instrument development and treatment outcomes research in children with ASD and feeding disorders.

**Laura Dilly, Ph.D., NCSP** completed her doctorate in school psychology at Michigan State University. 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 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.

**Samuel Fernandez-Carriba, PhD** is a Senior Psychologist at the Marcus Autism Center, Children’s Healthcare of Atlanta, and Assistant Professor at the Emory School of Medicine Department of Pediatrics. He obtained his PhD in Clinical and Health Psychology from Universidad Autónoma de Madrid, Spain. Two years of his doctoral training took place at the Yerkes National Research Primate Center (Emory), where studied human emotions through an examination of biological determinants and evolutionary history as observed in the chimpanzee. He completed a postdoctoral fellowship at the Emory Autism Center (Emory School of Medicine Department of Psychiatry). At the Marcus Center, he conducts diagnostic evaluations, as well as research on two related topics: (1) sociocultural factors in ASD and cultural competence in healthcare providers, and (2) the role of cultural belief systems and values in health and well-being and the potential of an approach to health care that includes training in universal ethics, such as compassion meditation practice. He obtained his CBCT (Cognitively Based Compassion Training) Instructor Certificate at Emory University in 2013.

**Caitlin Herzinger Delfs, Ph.D., BCBA-D** completed her doctorate in school psychology at the University of Georgia. She completed her doctoral internship and postdoctoral fellowship at Marcus Autism Center and Children’s Healthcare of Atlanta. Dr. Delfs is currently an assistant professor in Pediatrics at Emory University and the program manager of the Language and Learning Clinic: Home-based Program and the Community Autism Program. She is responsible for developing and overseeing language intervention and behavioral programming, staff training and supervision, supervision of undergraduate and graduate level trainees, and parent training/consultation. Her current research interests include efficient teaching procedures to improve language and social communication in children with autism, community based interventions, and the impact of culture on behavioral interventions.

**Christine Hall, PhD** received her doctoral degree in clinical psychology from Emory University. She completed a postdoctoral fellowship at the Emory University School of Medicine and Marcus Autism Center, in the Fetal Alcohol Syndrome and Drug Exposure Center. For the next several years, Dr. Hall continued to conduct research with the Maternal Substance Abuse project in the Emory University Department of Psychiatry and also maintained a private practice. In 2008, Dr. Hall rejoined Marcus Autism Center where she manages the psychology staff.
within the Pediatric Neurodevelopmental Center. She coordinates training experiences that involve conducting comprehensive psychological assessments for children to determine diagnosis and treatment planning. She has a special interest in providing services to children with autism spectrum disorders (ASD), anxiety disorders, mood disorders and attention-deficit/hyperactivity disorder (ADHD).

Bethany Hansen, PhD, BCBA-D completed her doctorate in school psychology at the Oklahoma State University. She completed her doctoral internship and postdoctoral fellowship at Marcus Autism Center and Children’s Healthcare of Atlanta. Dr. Hansen is currently an assistant professor in Pediatrics at Emory University and is a psychologist in the Language and Learning Clinic. She is responsible for developing and overseeing language intervention and behavioral programming, training and supervision of staff and trainees, intakes, and caregiver consultation. Her current research interests include evaluating efficient teaching strategies that teach children with autism academic skills and promote skill emergence. Additional areas of research include evaluating approaches to providing community services, such as caregiver training.

Sara Hoffenberg, PsyD, ABPP, is a program manager in Clinical Assessment and Diagnostics (CAD) 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. Her primary focus is on diagnosis and treatment planning for young children with autism spectrum disorders. She also manages the training program in the CAD, including postdoctoral fellows, interns, graduate and undergraduate practicum students, as well as medical residents. Dr. Hoffenberg earned her doctorate in clinical psychology from the Georgia School of Professional Psychology at Argosy University. She completed her postdoctoral fellowship at Emory University School of Medicine and her pre-doctoral internship at Miami Children’s Hospital. Dr. Hoffenberg’s primary research interests include training, early identification, diagnosis, and screening of autism spectrum disorders.

Kathryn Holman Stubbs, Ph.D. 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 doctoral interns and postdoctoral residents 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.

David L. Jaquess, PhD, ABPP, BCBA-D received a PhD in Clinical Psychology from Virginia Tech in 1993 under the tutelage of Jack Finney; he also worked on research there with Thomas Ollendick and Richard Winnet. He completed a doctoral internship at the Medical University of South Carolina and a postdoctoral fellowship at the Kennedy Krieger Institute and Johns Hopkins University School of Medicine where he briefly remained on the faculty. Dr. Jaquess has taught at various levels in higher education from undergraduates in a comprehensive liberal arts college to postdoctoral fellows. Currently he is the Director of Training for the Center (including Training Director for the Doctoral Psychology Internship and Associate Director for the Emory University Postdoctoral Fellowship), and the Assistant Division Director for Faculty Development in Emory Department of Pediatrics, Division of Autism & Related Disorders. Areas
of research interest include empirical support of using behavior analytic techniques for pediatric feeding disorders, quality improvement in healthcare and training systems, and methods of training evaluation.

**Amy Kincheloe, PhD** received her doctoral degree in Clinical Psychology from Emory University in 2011. Dr. Kincheloe completed her doctoral internship with the Emory University School of Medicine and her postdoctoral fellowship in the Pediatric Neurodevelopmental Center at Marcus Autism Center, where she conducted neurodevelopmental and diagnostic assessments with children and adolescents suspected of having autism spectrum disorders. After working in private practice for a few years, Dr. Kincheloe returned to Marcus Autism Center in 2015 and she now works as a psychologist with the Clinical Assessment Core.

**Cheryl Klaiman, Ph.D.** 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.

**David J. Marcus, PhD** 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’s areas of interest include pediatric epilepsy, spina bifida, and genetic and metabolic disorders.

**Joanna Lomas Mevers, Ph.D., 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.

**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.

**Celine Saulnier, PhD** is the Director of Research Operations at the Marcus Autism Center and an Associate Professor in the Division of Autism and Related Disorders in the Department of Pediatrics, Emory University School of Medicine. She is also the Director of the Clinical Assessment Core for the NIH ACE. She obtained her PhD in clinical psychology from the University of Connecticut, with a concentration in neuropsychology. She then completed a two-year postdoctoral fellowship at the Yale Child Study Center, Yale University School of Medicine prior to joining the Yale faculty. At Marcus, Dr. Saulnier manages and supervises multidisciplinary diagnostic and clinical evaluations on individuals with autism and related disorders from infancy through young adulthood. The focus of her research is on profiles of adaptive behavior in autism, particularly on the discrepancies between cognitive potential and functional application of skills to daily contexts.

**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.

**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).

Contributing Faculty Members

Karlene Coleman, RN, MN, CGC holds nursing degrees from Medical College of Georgia and Emory University and she completed post-graduate training in genetic counseling at Emory University. She is Board Certified in Genetic Counseling, American Board of Medical Genetics, Inc. Her research interests include several collaborative projects involving CHOA, Emory, and the Centers for Disease Control and Prevention (CDC) including incidence, morbidity and mortality after cardiac surgery, and clinical presentations in 22q11 deletions. This syndrome is one of the more common chromosome problems seen in the pediatric population and is currently estimated to occur in 1 of every 4,000 live births.

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.

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.
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.

**FACULTY PUBLICATIONS OR MANUSCRIPTS IN PRESS**
(Selected Examples; *Denotes trainee co-authorship)


Marcus Autism Center Internship 25


*Denotes trainee co-authorship*
INTERNSHIP GRADUATES

Home Graduate Programs

- 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)
- Mississippi State University (School)
- Nova Southeastern University (Clinical)
- Oklahoma State University (School)
- Palo Alto University (Clinical)
- Rutgers University (School)
- Seattle Pacific University (Clinical)
- University of Alabama (School)
- University of Buffalo (Clinical)
- University of Eastern Michigan
- University of Georgia (School)
- University of Illinois (School)
- 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)
- Texas Tech (Clinical)
- Virginia Tech (Clinical)
- Xavier University (Clinical)
- Vanderbilt University (Clinical)

Current Professional Activities & Locations (after Fellowships)

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>LOCATION</th>
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<tbody>
<tr>
<td>Assistant Professor</td>
<td>Munroe Meyer Institute, University of Nebraska Medical Center</td>
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<tr>
<td>Assistant Professor of Pediatrics</td>
<td>University Wisconsin-Milwaukee, School of Medicine</td>
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<tr>
<td>Assistant Professor of Pediatrics &amp; Clinical</td>
<td>Emory University School of Medicine / Marcus Autism Center</td>
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<tr>
<td>Faculty(4)</td>
<td>University of Wisconsin, Milwaukee</td>
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<tr>
<td>Assistant Professor of Psychology</td>
<td>University of North Carolina, Wilmington</td>
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<tr>
<td>Assistant Professor of Psychology</td>
<td>Trumpet Behavioral Health, San Jose, California</td>
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<tr>
<td>Assistant Director of Clinical Services &amp;</td>
<td>Emerge Center For Communication, Education and Development, Baton Rouge,</td>
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<tr>
<td>Research</td>
<td>Louisiana</td>
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<tr>
<td>Autism Program Director</td>
<td>San Diego, California</td>
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<td>Behavioral therapist</td>
<td>Hong Kong, China</td>
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<tr>
<td>Child Psychologist</td>
<td>Integrated Center for Child Development, Boston, Massachusetts</td>
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<tr>
<td>Pediatric Neuropsychologist</td>
<td>Atlanta, Georgia</td>
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<td>Private Practice (4)</td>
<td>Greensboro, NC</td>
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<td>Private Practice</td>
<td>Durham, North Carolina</td>
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<td>School Psychologist</td>
<td>Children’s Healthcare of Atlanta, Atlanta Georgia</td>
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<tr>
<td>Staff Psychologist</td>
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</tbody>
</table>
APPLICATION PROCESS

Basic Qualifications

Applicants must be currently enrolled in a doctoral program in Professional Psychology (School or Clinical) at an accredited institution and must have completed at least three years equivalent of full-time graduate-level study by the start of the internship. Candidates may apply to EITHER the Assessment Track or the Treatment Track. Successful candidates on the Treatment Track will have strong backgrounds in strict behavior techniques and/or behavioral approaches to problems common in individuals with developmental disabilities. Experience with behavioral techniques and/or with children is essential. 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 of prior clinical training experience, including and assessment and treatment practica. Preference is given to applicants from program accredited by the American Psychological Association or the Canadian Psychological Association. Foreign national must already have the immigration documents to be eligible to work in a trainee position for the duration of the internship.

Application Materials

All applicants to the Internship program are managed via the Association of Psychology Postdoctoral and Internship Centers (APPIC); candidates must submit the following:

1) A complete APPIC Application for Psychology Internship (including a copy of one’s most recent curriculum vita, official transcripts of all graduate-level coursework, & letters of recommendations written by three professors or work supervisors).
2) As an optional component, applicants may upload abstracts or publications from scholarly work.
3) **DEADLINE** for receipt of all application materials is November 1st.

All materials should be uploaded to the application portal of the APPIC web site.

Interviews

Past interns have cited the importance of the interview in their decision to accept our offers of an internship placement, and thus onsite interviews are required. After all application materials have been received and reviewed, interns will be notified of an invitation to interview by the first Monday in December. Interviews will be held on 4-5 dates in the month of January.

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 within one week of the match.

Financial Support & Fringe Benefits

The Marcus Autism Center provides financial remuneration to interns. The stipend for interns is expected to be between $27,000 and $29,000; this is currently under administrative and budgetary review. In addition, interns typically receive funds to partially cover travel to professional conference(s), full employee benefits through Emory University.

Starting Dates

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

Questions may be addressed to:

David Jaquess, PhD, ABPP, BCBA-D
Doctoral Psychology Internship
Department of Pediatrics, Emory University School of Medicine
1920 Briarcliff RD NE
Atlanta, GA 30329
djaques@emory.edu

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 major airline hubs at Atlanta’s Jackson-Hartsfield International Airport.

In terms of entertainment, Atlanta accommodates a wide range of interests. Historic sites include the birthplace of Martin Luther King Jr., the Margaret Mitchell House, the Jimmy Carter Presidential Library, and area Civil War battlefields. Cultural institutions are as varied as a the Fox Theater, Atlanta Ballet, Atlanta Symphony Orchestra, High Museum of Art, and the Verizon, Lakewood and Chastain Amphitheaters. 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 Right, 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.