

# APA ACCREDITED DOCTORAL INTERNSHIP IN CLINICAL PSYCHOLOGY

## Franciscan Children's

**Training Year: September 1, 2026 ~ August 31, 2027**

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*Questions related to the program's accredited status should be directed to the  
Commission on Accreditation:*

Office of Program Consultation and Accreditation  
American Psychological Association  
750 1st Street, NE, Washington, DC 20002  
Phone: (202) 336-5979 / E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)  
Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)



## **THE INTERNSHIP IN CLINICAL PSYCHOLOGY**

The doctoral internship in clinical psychology at Franciscan Children's is a full-time, 12-month program. The training year begins in early September and concludes the last week in August. The doctoral internship is housed in the Department of [Behavioral Health Services \(BHS\)](#). The internship welcomes applicants from clinical, counseling, and school psychology programs. The internship subscribes to the training criteria set forth by the [Association of Psychology Postdoctoral and Internship Centers](#) and is accredited by the [Commission on Accreditation of the American Psychological Association](#).

## **THE HOSPITAL**

Founded in 1949, [Franciscan Children's](#) is a nonprofit healthcare organization that cares for children with mental health challenges, complex medical conditions, and special education needs. In 2023, we became a sister organization with Boston Children's Hospital under the parent company, Children's Medical Center Corporation. Franciscan Children's is one of only four institutions in the country that provides post-acute medical, mental health, and special education services all on one campus, offering a unique continuum of care. Franciscan Children's supports patients with complex dual diagnoses such as ASD/DD as well as acute or chronic medical and/or mental health conditions. Across Franciscan Children's inpatient post-acute medical rehabilitation program, inpatient psychiatric, acute short term residential program, and the Kennedy Day School (Franciscan Children's special education school), staff and trainees work closely within an interdisciplinary model to provide comprehensive and dynamic treatment/education."

## **PATIENT POPULATION**

The patients and families served at Franciscan Children's represent a culturally and linguistically diverse population, who present with a broad range of medical and behavioral health diagnoses. Our patients often include individuals exhibiting a variety of clinical symptoms (spanning the DSM-5-TR categories). Our patients also frequently present with a variety of congenital and acquired conditions. Approximately one third of all outpatient therapy is conducted utilizing interpretive services, as the hospital serves a high proportion of Spanish and Portuguese speaking families. In addition, the inpatient medical units and outpatient therapies attract many international patients due to Franciscan Children's unique specializations in rehabilitation medicine.

## **THE DEPARTMENT OF BEHAVIORAL HEALTH SERVICES**

The Department of Behavioral Health Services (BHS), is a highly interdisciplinary and collaborative department comprised of psychologists, psychiatrists, social workers, expressive therapists, special educator, child life specialists, and pastoral/spiritual care providers. BHS staff consult and collaborate with various programs across the hospital. Staff also provide supervision

and training across programs, with a specific emphasis on providing evidence-based treatment to patients with behavioral, emotional, medical, social, and intellectual impairments.

Therapeutic services are provided in individual and group settings. In the ever-evolving landscape of service provision, therapy services are offered both in person and via telehealth. BHS also provides comprehensive psychological and neuropsychological assessments via outpatient services and on the inpatient medical rehab units.

BHS houses Franciscan Children's American Psychological Association accredited Doctoral Internship in Clinical Psychology. The doctoral internship has been accredited since 1981. Doctoral Interns participate in didactic seminars and group and individual supervision with a specific focus on identification, diagnosis, and treatment of individuals with complex neurological and behavioral presentations. BHS also has an Expressive Therapy training program and a psychology practicum program. Trainees from the Doctoral Internship, Expressive Therapy, and Psychology Practicum programs provide outpatient services and are integrated into the medical units and/or McLean-Franciscan Partnership Programs for residential and inpatient psychiatric supports.

## STRUCTURE OF THE INTERNSHIP PROGRAM

### Overview

The doctoral internship at Franciscan Children's has three (3) full year tracks: **Pediatric Rehab**, **Acute Psychiatric**, and **Neurodevelopmental**. Each track has its own unique rank ID and each track has its own specific training opportunities. Interns are encouraged to apply to as many of the three tracks as interest them. Expressing interest in multiple tracks does not negatively impact your likelihood of being interviewed or ranked. The training experiences for each track will be individually described below.

Although each Intern has their own unique training experiences, the training cohort has many shared experiences and often builds a close and supportive relationship through the year. Interns share office space and work closely together in group supervision, didactics, seminars, and department activities and events.

The mission of the Franciscan Children's internship is to provide a high level of training, supervision, and clinical experiences to prepare trainees in a variety of clinical, consultative, and supervisory roles.

Training focuses on evidence-based and culturally informed assessment and treatment. Treatment is embedded within a strengths-based model of care and is performed utilizing a variety of modalities. Developing a strong therapeutic alliance during treatment, along with meeting the individual needs of our patients and families, is also central across all clinical work. Racial and cultural humility is a major focus within the hospital, department, and individual supervision. Specific areas of training competencies include: Research, Ethical and legal standards, Individual and cultural diversity, Professional values, attitudes, and behaviors, Communication and

interpersonal skills, Assessment, Intervention, Supervision, and Consultation and interprofessional/interdisciplinary skills.

The internship provides training in the delivery of therapeutic, diagnostic, and consultative services within a multidisciplinary model. Interns are given the opportunity to interface with a variety of professionals including psychiatrists, medical providers, neurologists, educational specialists, occupational therapists, physical therapists, and speech-language pathologists.

### **Program Goals & Objectives**

1. To provide Interns with an intensive, practice-oriented year that promotes development of their competency in providing a wide range of empirically supported psychotherapeutic and behavioral interventions. Interventions are implemented via individual, family, and group formats to children with a range of developmental, emotional, and medical needs within the context of the various ecological factors that impact their lives. Interns will learn to include patients and families as active participants in the development and implementation of treatment goals; utilize interventions that meet current, evidence-based clinical standards; and advocate for their patients' mental health within multidisciplinary treatment teams and other community settings as consented to by caregivers.
2. To provide Interns with the capacity to complete all components of psychological and neuropsychological assessment. Interns are expected to conduct all aspects of comprehensive assessment, including clinical interviews, assessment measures, scoring and interpretation, report writing, identification of diagnoses, development of treatment recommendations, and provision of feedback. Through this experience, Interns will develop the diagnostic skills necessary for understanding the whole child and subsequently advocate for what the child needs to increase the likelihood of healthy development.
3. To promote Interns' abilities to offer sensitive and effective care and treatment to a diverse patient population with increasing cultural humility. Interns are expected to further their knowledge and understanding of systemic racism and the consequential impact on health care disparities. They will additionally learn to deliver assessment and treatment in a manner informed by these disparities, and with considerations of each child's and family's individual capacities, beliefs, world-view, and culture.
4. To provide instruction to the Intern in the social and professional responsibilities of a practitioner, including applicable legal requirements, ethical codes, and risk management approaches for contemporary practice. Each Intern is expected to maintain the highest ethical standards.
5. To further promote the development of Interns' commitments for pursuing lifelong learning, clinical inquiry and knowledge, and the application of professional treatment standards. Interns are expected to demonstrate the knowledge and application of current theoretical and evidence-based assessments and treatment interventions for seriously emotionally, medically, and developmentally challenged children and their families along with the ability to convey this information and practice to others.

### Additional Goals for Expanding Knowledge

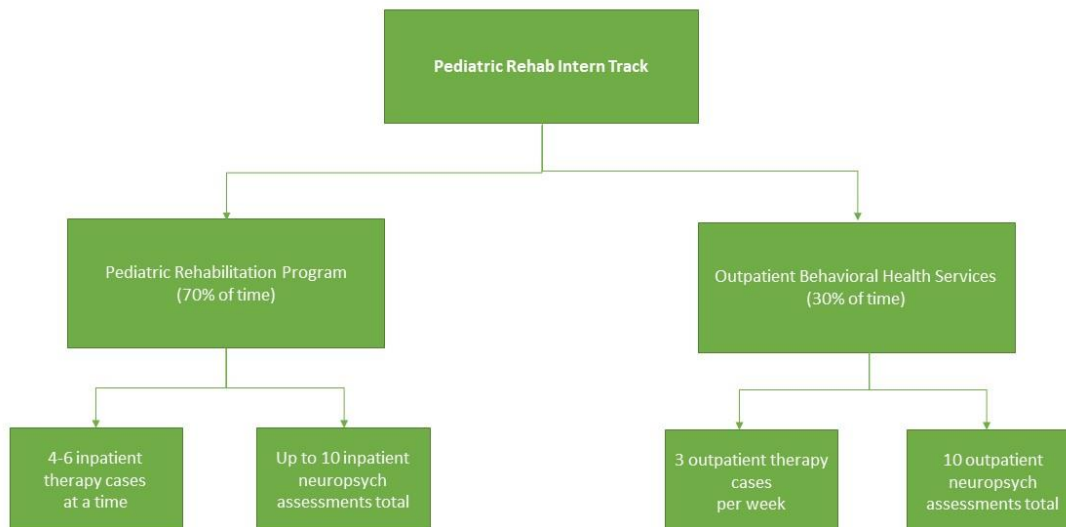
Additional activities are required so that Interns will achieve explicit knowledge in the following areas:

1. Curriculum: Participation in the role of a consultant to the multidisciplinary team within the Intern's primary placement (i.e., medical rehab units, psychiatric units, or coordinated ASD Service Line).
2. Research Dissemination: Incorporate current research into clinical work and case presentations; present on Intern's areas of research interest.
3. Theories and/or Methods of Supervision: Supervision of an undergraduate or master's level Intern or practicum student as well as participation in group supervision and didactic training related to supervision and consultation.

## FRANCHISCAN CHILDREN'S APA INTERNSHIP TRACKS

### Pediatric Rehab Track

The Intern on the Pediatric Rehab Track will split their time between the inpatient Pediatric Rehabilitation Program (70% of clinical time) and outpatient Behavioral Health Services (BHS) (30% of clinical time). Responsibilities include providing therapy and conducting assessments as part of the Pediatric Rehabilitation Program on the pediatric post-acute medical inpatient rehabilitation units, as well as providing therapy and conducting assessments within outpatient BHS. Responsibilities are further outlined below.



## **Pediatric Rehabilitation Program (70% of clinical time)**

### *The Setting*

The Pediatric Rehabilitation Program serves children, from infants to young adults, on an inpatient basis as they recover from illness or injury. As the largest dedicated pediatric rehabilitation center in New England, the Pediatric Medical Rehabilitation Program embraces the child as a whole and addresses their full spectrum of medical, therapeutic, social, and emotional needs. Common conditions that are treated on our inpatient medical units include: traumatic brain injury, stroke, brain tumors, spinal cord injury, orthopedic conditions, encephalitis, meningitis, myelodysplasia, neuromuscular conditions, seizure disorders, spina bifida, and many others.

Our patients and their families are integral members of our interdisciplinary team which works together to address each child's medical, therapeutic, social, and emotional needs. Led by a board-certified specialist in Pediatric Rehabilitation, a core team of experts may include the following: a Pediatrician and Nurses, Case Manager/Discharge Planner, Child Life Specialist, Education Coordinator, Nutritionist, Occupational Therapist, Physiatrist, Physical Therapist, Psychologist, Social Worker, and Speech and Language Pathologist.

### *Intern Responsibilities*

The Pediatric Rehab Intern is responsible for providing direct psychotherapy, providing psychoeducation to the patient and family, creating behavior plans, providing staff training and consultation, monitoring behaviors and safety concerns, assisting in the overall coping and adjustment of patients (including improving compliance and toleration of medical care), attending rounds, and completing all required documentation. Throughout the year the Pediatric Rehab Intern typically holds a caseload of approximately 4-6 therapy patients at a time on the medical units. In addition to the Intern's therapeutic responsibilities, the Pediatric Rehab Intern conducts all neuropsychological assessments for patients who present with acute changes in cognitive functioning due to medical condition, illness, or injury (approximately 5-10 assessments per year, depending on demand).

## **Outpatient Behavioral Health Services (BHS) (30% of clinical time)**

### *The Setting*

Outpatient therapy services are provided to a diverse group of young individuals with a range of presenting problems. Typical patients within BHS have multiple concerns and complicating factors, including possible psychiatric, behavioral, social, and/or medical components. Clinicians in BHS treat children as young as 2 years old and will often work with individuals up to college aged; however, will continue to see patients with developmental disabilities into early adulthood. All patient treatment involves a family component and theory driven interventions are chosen from amongst a range of evidenced-based treatment modalities with consideration of clinician training and family need. Both in person and telehealth options are available, dependent upon insurance and clinical need.

The MASTery Clinic is a subspecialty program that specifically focuses on Medical Adherence, Sleep, and Toileting issues. Patients that are discharging from our medical units

are also supported through our MASTery clinic as they adjust to returning home with their new level of functioning.

The BHS Neuropsychological Evaluation Service provides comprehensive psychological and neuropsychological assessments to children, adolescents, and young adults struggling with a vast array of clinical presentations. Individuals are typically referred for evaluation to help inform therapeutic interventions and educational programming. Patients often present with complex developmental, behavioral, emotional, cognitive, and social histories with associated comorbid diagnoses. Our team of neuropsychologists utilize a wide array of assessment instruments to evaluate neurological strengths and weaknesses and develop a synthesized clinical formulation and diagnostic clarification.

#### *Intern Responsibilities*

The Pediatric Rehab Intern will be responsible for seeing approximately 3 outpatient therapy cases per week including those from the general outpatient program and MASTery clinic. Therapy cases will consist of a mix of presenting behaviors, as well as developmental and psychiatric problems. The Pediatric Rehab Intern's outpatient caseload will also consist of patients who are presenting with medical complexity and/or presenting problems that have medical components (e.g., toileting, sleep, or medical adherence). Therapy will be provided in individual and group modalities, both in-person and via telehealth.

With regard to assessment, the Pediatric Rehab Intern is responsible for conducting initial intakes, obtaining insurance authorizations, scheduling appointments, conducting and scoring all assessments measures, writing assessment reports, and providing feedback to caregivers. The Pediatric Rehab Intern is expected to complete the remainder of their required 20 assessments as part of the Neuropsychological Evaluation Service (if assessments are conducted on the medical unit, this will contribute to the 20 total required).

#### **Supervision**

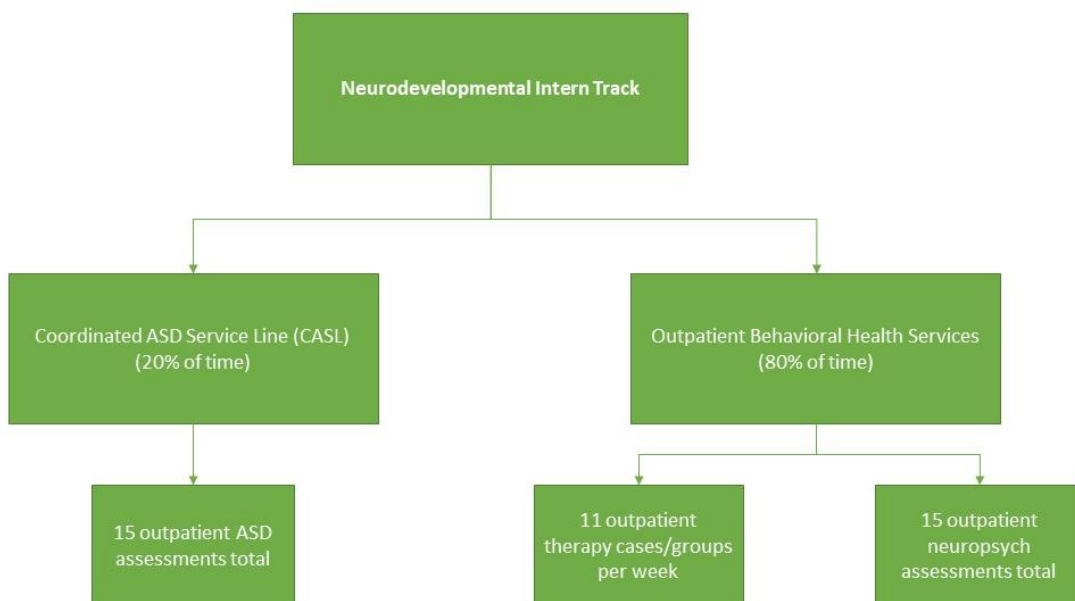
The Pediatric Rehab Intern will receive 3 hours of weekly individual supervision (i.e., medical unit therapy, outpatient therapy, and assessment) and 1 hour of weekly group supervision. The Pediatric Rehab Intern will also provide weekly supervision to a master's or undergraduate level Intern and will receive individual supervision, monthly group supervision, and training related to the provision of supervision.

#### **Preferred Applicant Training Experiences**

Applicants with experience conducting neuropsychological assessments and/or delivering therapeutic interventions on pediatric medical inpatient units or as part of subspecialty outpatient medical clinics are preferred. Applicants with strong assessment skills and experience working with children who have medical complexities are encouraged to apply. Although experience in medical settings is preferred, the supervising staff understand that some trainees may not have had access to medical settings during their doctoral training. Applicants with strong backgrounds in behavioral interventions with individuals with developmental disabilities will also be considered.

## **Neurodevelopmental Track**

The Intern on the Neurodevelopmental Track will spend 100% of their time in Behavioral Health Services (BHS). Within BHS, the Neurodevelopmental Intern will split their time between the Coordinated ASD Service Line (CASL) (20% of clinical time), and outpatient BHS providing therapy and assessment (80% of clinical time). Responsibilities, further outlined below, include outpatient individual and group therapy, neuropsychological assessments, and Autism evaluations.



### **Coordinated ASD Service Line (CASL) (20% of clinical time)**

#### *The Setting*

The Coordinated ASD Service Line (CASL) is a specialized program within BHS designed to evaluate, diagnose, and make recommendations for children exhibiting symptoms of Autism Spectrum Disorder (ASD), with an emphasis on early detection, assessment, and diagnosis. The clinic specifically targets children between 18 months and 5 years of age. Patients are prioritized based on age to allow our youngest patients to have access to treatment as early as possible. Assessments conducted via CASL are abbreviated relative to our comprehensive neuropsychological evaluations and typically consist of a clinical interview, cognitive or developmental instruments (depending on age), the ADOS-2, and other relevant measures (e.g., SRS-2, SCQ, ABAS-3). During the assessment and feedback process, clinicians guide families to applicable resources and services, including in-home Applied Behavior Analysis (ABA) services, and provide clear educational recommendations.

#### *Intern Responsibilities*

The Neurodevelopmental Intern is responsible for conducting initial intakes, obtaining insurance authorization, scheduling appointments, administering and scoring all

assessment measures, writing assessment reports, and providing feedback to caregivers. The Neurodevelopmental Intern is expected to complete approximately 15 evaluations as part of CASL over the course of the training year.

### **Outpatient Behavioral Health Services (80% of clinical time)**

#### *The Setting*

Outpatient therapy services are provided to a diverse group of young individuals with a range of presenting problems. Typical patients within BHS have multiple concerns and complicating factors, including possible psychiatric, behavioral, social, and/or medical components. Clinicians in BHS treat children as young as 2 years old and will often work with individuals up to college aged; however, will continue to see patients with developmental disabilities into early adulthood. All patient treatment involves a family component and theory driven interventions are chosen from amongst a range of evidenced-based treatment modalities with consideration of clinician training and family need. Both in person and telehealth options are available, dependent upon insurance and clinical need.

The BHS Neuropsychological Evaluation Service provides comprehensive psychological and neuropsychological assessments to children, adolescents, and young adults struggling with a vast array of clinical presentations. Individuals are typically referred for evaluation to help inform therapeutic interventions and educational programming. Patients often present with complex developmental, behavioral, emotional, cognitive, and social histories with associated comorbid diagnoses. Our team of neuropsychologists utilize a wide array of assessment instruments to evaluate neurological strengths and weaknesses and develop a synthesized clinical formulation and diagnostic clarification.

#### *Intern Responsibilities*

As part of the BHS outpatient therapy team the Neurodevelopmental Intern will be expected to see approximately 11 outpatient cases or groups per week. Between 25% to 50% of outpatient cases will be patients presenting with developmental disabilities (e.g., ASD, Down Syndrome, Prader-Willi, etc.).

The Neurodevelopmental Intern is responsible for conducting initial intakes, obtaining insurance authorization, scheduling appointments, conducting and scoring all assessments measures, writing assessment reports, and providing feedback to caregivers. The Neurodevelopmental Intern is expected to complete approximately 15 assessments as part of the Neuropsychological Evaluation Service over the course of the year.

### **Supervision**

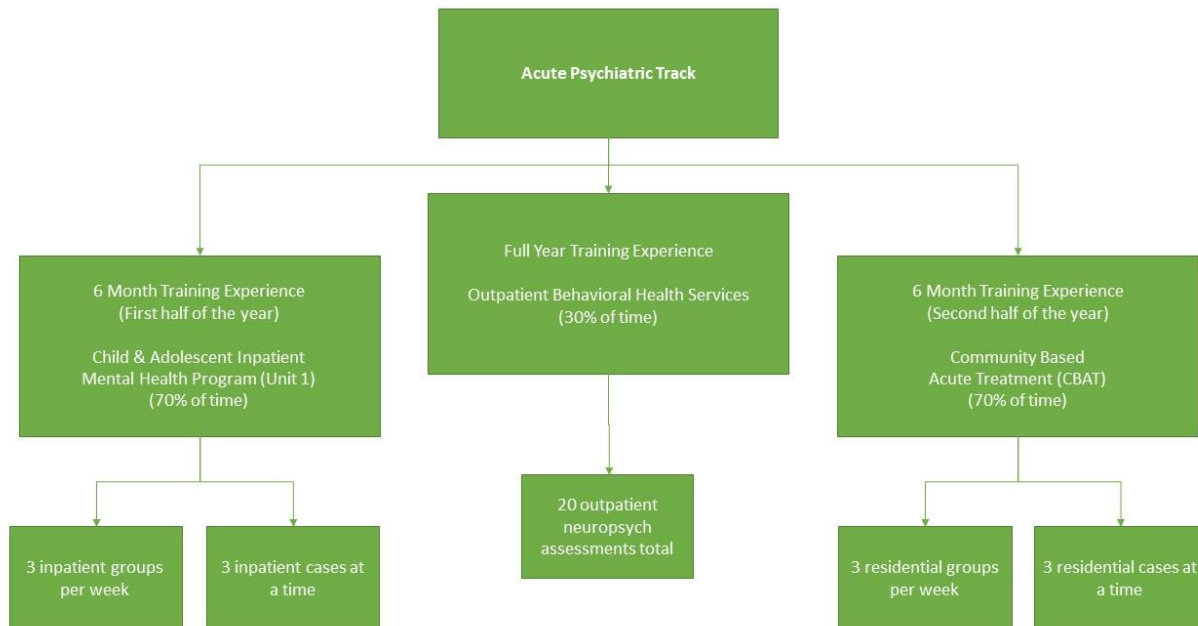
The Neurodevelopmental Intern will receive 3 hours of weekly individual supervision (i.e., CASL, outpatient therapy, and neuropsychological assessment) and 1 hour of weekly group supervision. The Neurodevelopmental Intern will also provide weekly supervision to a master's or undergraduate level Intern and will receive individual supervision, monthly group supervision, and training related to the provision of supervision.

### **Preferred Applicant Training Experiences**

Applicants experienced in working with neuro-diverse individuals, such as patients with ASD, Down Syndrome, and other genetic or developmental disabilities are encouraged to apply. Preference is given to applicants who have exposure to the ADOS-2 (experience administering and scoring is preferred, though any experience is beneficial). Applicants with strong assessment skills, experience working with children and adolescents, and/or experience working within outpatient or in-home settings are also encouraged to apply.

### **Acute Psychiatric Track**

The Intern on the Acute Psychiatric Track will spend 70% of their clinical time in McLean-Franciscan Mental Health Partnership Programs (Unit 1 – child and adolescent psychiatric inpatient unit & CBAT – a community-based residential program) and 30% of their clinical time in outpatient Behavioral Health Services (BHS). Intern's time as part of the McLean-Franciscan Partnership Programs will occur in 6-month rotations (6 months on Unit 1 and 6 months on CBAT). Responsibilities include providing individual and group therapies on Unit 1 and CBAT, as well as conducting assessments within outpatient BHS. Responsibilities are further outlined below.



**Child & Adolescent Inpatient Mental Health Program - Unit 1 (70% of clinical time; 6-month rotation)**

*The Setting*

The Child and Adolescent Inpatient Mental Health Program (Unit 1) is a short-term acute treatment program located at Franciscan Children's, serving some of the most complex cases in severe psychiatric crisis. The program has 32 beds for children and adolescents ages 3-19 (though primarily serving ages 12-18). Children and Adolescents are admitted to Unit 1 following evaluation in the ER often following a suicide attempt or due to acute risk of harm to self or others. Diagnostic presentations are complex and most frequently include mood and anxiety disorders, personality disorders, PTSD/trauma, and psychosis. Multidisciplinary assessment and crisis intervention on the inpatient unit consists of expert diagnostic assessment, psychopharmacological treatment, and mobilization of the child's family and support system. The team is comprised of psychiatrists, social workers, psychologists, nurses, educators, child life specialists, and mental health specialists. Program goals include the restoration of safety, targeting high risk behaviors, reduction of suicidal behaviors, and successful continuation of treatment and recovery outside of the hospital setting. The average length of stay is 7-10 days, and treatment occurs within the context of a structured therapeutic program, based on a strength-based model of care.

*Intern Responsibilities*

The Acute Psychiatric Intern is responsible for conducting group therapy (leading or co-leading 3 groups per week), individual therapy in the context of a short-term acute setting utilizing evidence-based interventions (caseload of 3), consultation and collaboration as part of the multidisciplinary team, family work, and participation in clinical rounds. Standardized assessment is not a focus in this setting; however, there may be a possibility to administer brief personality and/or cognitive assessments on the unit to support diagnostic clarification and/or treatment recommendations.

**Community Based Acute Treatment – CBAT (70% of clinical time, 6-month rotation)**

*The Setting*

The McLean-Franciscan Community Based Acute Treatment (CBAT) program is a short-term residential program for children and adolescents ages 4-14. Typically, patients are referred as either a step down from a more intensive inpatient hospitalization or a step up from the community as a diversion away from a hospitalization stay. Typical presenting diagnoses include mood disorders, ADHD, depression, psychosis, anxiety disorders, and posttraumatic stress disorder. CBAT serves a very diverse group of children and families. CBAT offers a structured therapeutic program that includes individual and group therapy, family work, milieu treatment, nutritional support when necessary and psychiatry medication services. The average length of stay for a patient is 2-3 weeks, though this often varies due to the individual child's needs and discharge placement planning. Services are provided through a multi-disciplinary team, including a medical team (psychiatrist, nurse practitioners and nurses), clinicians (PhD, LICSW and LCSW) and milieu staff.

### *Intern Responsibilities*

The Acute Psychiatric Intern is responsible for the delivery of individual therapy (caseload of 3), group therapy (3 groups per week), consultation and collaboration as part of the multidisciplinary team, family work and the opportunity to participate in system meetings. The theoretical orientations within the program include cognitive-behavioral therapy, dialectical behavioral skills, and acceptance and commitment therapy. The individual and group programs are rooted in evidence-based practices and a strength-based model of care.

### **Outpatient Behavioral Health Services (BHS) (30% of clinical time, 12-months)**

#### *The Setting*

Outpatient therapy services are provided to a diverse group of young individuals with a range of presenting problems. Typical patients within BHS have multiple concerns and complicating factors, including possible psychiatric, behavioral, social, and/or medical components. Clinicians in BHS treat children as young as 2 years old and will often work with individuals up to college aged; however, will continue to see patients with developmental disabilities into early adulthood. All patient treatment involves a family component and theory driven interventions are chosen from amongst a range of evidenced-based treatment modalities with consideration of clinician training and family need.

The BHS Neuropsychological Evaluation Service provides comprehensive psychological and neuropsychological assessments to children, adolescents, and young adults struggling with a vast array of clinical presentations. Individuals are typically referred for evaluation to help inform therapeutic interventions and educational programming. Patients often present with complex developmental, behavioral, emotional, cognitive, and social histories with associated comorbid diagnoses. Our team of neuropsychologists utilize a wide array of assessment instruments to evaluate neurological strengths and weaknesses and develop a synthesized clinical formulation and diagnostic clarification.

### *Intern Responsibilities*

The Acute Psychiatric Intern is responsible for conducting initial intakes, obtaining insurance authorization, scheduling appointments, conducting and scoring all assessments measures, writing assessment reports, and providing feedback to caregivers. The Acute Psychiatric Intern is expected to complete approximately 20 assessments as part of the Neuropsychological Evaluation Service over the course of the year.

### **Supervision**

The Acute Psychiatric Intern will receive 3 hours of weekly individual supervision (i.e., Unit 1, CBAT, and neuropsychological assessment) and 1 hour of weekly group supervision. The Acute Psychiatric Intern will also provide weekly supervision to a master's or undergraduate level Intern on Unit 1 and/or CBAT and will receive individual supervision, monthly group supervision, and training related to the provision of supervision.

### **Preferred Applicant Training Experiences:**

Applicants experienced in residential and/or psychiatric inpatient settings are encouraged to apply. Strong applicants will have both individual and group therapy experience and

exposure to working with self-harming behaviors and suicidality. Applicants who have experience with consultation, crisis management, and working as part of a multidisciplinary team are also encouraged to apply. Although most of the time will be spent providing therapeutic services, this track does have a heavy psychological assessment focus and applicants with a strong assessment background are preferred.

## **Training Seminars**

### **LEND**

In 2021, Franciscan Children's joined the [Shriver Center's Leadership Education in Neurodevelopmental and Related Disabilities \(LEND\) program](#). Along with the University of Massachusetts Medical School and Tufts Medical Center, Franciscan Children's became a satellite program as part of the Leadership in Interdisciplinary Clinical Care Program. The LEND training curriculum will, as part of the LEND training program, be present across all training opportunities (i.e., supervision and clinical experience functioning within an interdisciplinary team); however, the major source of didactical training will occur as part of the Psychosocial Seminar Series and the LEND Seminar Series.

#### *Psychosocial Seminar Series*

The Psychosocial Seminar Series will each be 1 hour long and occur 3 weeks per month. Trainees from psychology, Social Work, Expressive Therapy, and Child Life from across the hospital will participate in the Psychosocial Seminar Series. The Psychosocial Seminar Series will focus on specific models/modalities of treatment, psychological theory and the application of theory in clinical work, specific diagnostic profiles, and subspecialty applications of evidence-based interventions.

#### *LEND Seminar Series*

The LEND Seminar Series will each be 1 hour long and will occur 1 week per month. All trainees across the hospital will attend the LEND Seminar Series, including: Psychology, Social Work, Expressive Therapy, Child Life, Psychiatry, Dental, Nursing, Occupational Therapy, Physical Therapy, Speech and Language Pathology, and Clinical Nutrition. The LEND Seminar Series will focus on interdisciplinary training across medical, sociological, educational, and therapeutic domains.

### **Assessment Seminar**

The weekly Assessment Seminar covers psychodiagnostic assessment and neuropsychological assessment. In the context of the seminar and individual supervision, Interns have the opportunity to learn how to determine and understand the questions being asked of an evaluation, what information to gather and how to do it, what tools to use and how to use them, how to interpret the data gathered, how to design useful, helpful recommendations, and how to put it all together in a cogent, readable assessment report. It will include the discussion of common psychological and neuropsychological problems, referral questions, and less common but notable genetic, neurological, and neurodevelopmental disorders and syndromes. Interns will also have an opportunity to present their own cases during the seminar. In addition, at the start of the training year, Interns will participate in a multiday ADOS-2 training. As part of this training, Interns will participate in and/or observe the administration of an ADOS-2 module and have the opportunity

to score the protocol with assessment supervisors. Additional ADOS-2 administration and scoring opportunities are available throughout the training year.

### **Presentations**

Interns develop professional presentation skills through a developmental model. First, Interns will learn how to verbally provide concise clinical formulations within individual supervision and through modeling by training staff in rounds and clinical discussions. Case presentation skills will be generalized to department and interdisciplinary rounds with supervision and feedback related to presentation performance. Opportunities for Interns to provide trainings within their primary setting will be based on individual preferences and needs of the hospital.

### **Supervision**

Franciscan Children's faculty are committed to training and take significant pride in our training program. Supervisors offer a spectrum of theoretical orientations, include: general and family systems, cognitive/behavioral, client-centered, psychodynamic, neuropsychological, and biopsychosocial. Throughout internship trainees are exposed to a breadth of supervisory styles and theoretical models and is led to explore new avenues of thought and practice while developing his/her own professional style. All training faculty are expected to keep abreast of developments in the field, to attend conferences, and to integrate current literature and research trends in supervision.

Each Intern receives supervision individually and in groups from department supervisors and adjunct supervisory staff. Supervision goals include developing conceptualization skills, integrating theory with clinical practice, expanding clinical skills (i.e., assessment, intervention, and consultation), developing sound documentation/case management skills, improving the communication of information to other professionals, and increasing the Intern's cultural humility. Relevant literature is integrated into supervision.

Interns have the opportunity to supervise a master's or undergraduate level intern during the year. Supervision is provided to discuss and analyze these supervisory experiences.

Interns and supervisors conduct feedback sessions orally throughout the training year and in written format during the middle of the year and at year's end. Interns are evaluated in the areas mentioned above and are expected to demonstrate intermediate to advanced levels of functioning by the end of the internship. Trainees are encouraged to seek information and share concerns and impressions at any time.

### **Stipend and Benefits**

The 2026-2027 internship year begins September 1, 2026 and ends August 31, 2027. It is a full-time internship, and each Intern works 40 hours or more per week. The current stipend is \$41,568.00. Interns are provided with 31 days of personal (vacation/sick/holiday) and 5 days of professional leave time for conferences, dissertation work and post-doctoral fellowship interviews. They are also provided with health benefits partially paid by the hospital and free daytime parking. Human Resources will attend the hospital wide orientation to answer questions and finalize enrollment in benefits plans.

### **Application Process**

Applicants should complete the APPIC Application for Psychology Internship (AAPI) Online at <http://www.appic.org>. The internship application is in compliance with APPIC's policy regarding supplemental materials. However, the internship does require a psychological or neuropsychological evaluation report in addition to the universal AAPI. The report must have identifying information redacted according to HIPAA guidelines. Additionally, applicants are required to submit 3 letters of recommendation as part of their application. Please indicate in your cover letter which tracks you would like to be considered: **Pediatric Rehab, Acute Psychiatric, and Neurodevelopmental**. Each track will have 1 position available. If so desired, an applicant may be considered for one, two, or all three tracks, which can also be indicated in your cover letter. It is the applicant's responsibility to make sure the completed application form and supplemental materials are submitted by November 10, 2025.

Applications will be screened for quality, breadth of education and experience, as well as perceived "fit" between the individual's goals and the opportunities available in our internship program. Strong candidates will be contacted for a virtual interview. A virtual interview is required.

We offer a full-year, funded internship for doctoral students in clinical, counseling, and school psychology. We particularly encourage applications from students with diverse minority, cultural, and linguistic backgrounds and from students with disabilities. We seek to offer training especially tailored to individual needs.

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.

### **TRAINING FACULTY**

**Kelly C. Karl, PsyD** - is the Senior Director of Behavioral Health Services. Dr. Karl is a licensed clinical psychologist with a specialty in pediatric neuropsychology. Dr. Karl provides individual supervision to the APA interns and participates in weekly didactic trainings as well as assessment seminar. Her interests include the assessment and differential diagnoses of children, adolescents, and young adults with acute and chronic complex medical conditions, neurological impairments, neurodevelopmental disabilities, and psychiatric disorders. Dr. Karl completed her undergraduate studies at the University of Rochester and earned her doctoral degree in clinical psychology from the University of Hartford. She completed her doctoral internship at Dartmouth Medical School and completed her two-year postdoctoral training in pediatric neuropsychology at Boston Medical Center and Boston Neuropsychological Services. Over the course of her career Dr. Karl has worked in a variety of clinical and hospital settings and also served as a Director of Training for several years and was the former Assistant Director of the department. Dr. Karl is a member of APA (Divisions 40 & 54) and National Academy of Neuropsychology (NAN). She is also an active member of the Massachusetts Neuropsychological Society (MNS), where she served 6 years on the executive board.

**Gregory Young, PhD, LABA, BCBA** – is the Assistant Director of Behavioral Health Services. Dr. Young is a licensed psychologist and Board Certified Behavior Analyst. Dr. Young has

specific interest in family therapy and parent training, neurodiversity, medical adherence and compliance, pediatric sleep disorders, toileting/elimination difficulties, severe problem behavior reduction, anxiety disorders, and has a specialization in Applied Behavior Analysis. He co-created the MASTery outpatient clinic and has a specific interest in CPAP/BiPAP desensitization. Dr. Young is engaged in research related to caregiver engagement during inpatient medical hospitalizations and treatment efficacy related to a CPAP adherence protocol. Dr. Young completed his undergraduate education at the University of Massachusetts, Amherst and earned his PhD at Northeastern University in Combined School and Counseling Psychology. He completed his doctoral internship and post-doctoral fellowship at Kennedy Krieger Institute/Johns Hopkins University School of Medicine.

**Trudi Koslof, PsyD** - is the Director of Training for the APA Doctoral Internship Program and Advanced Psychology Practicum Training Program. Dr. Koslof is a licensed clinical psychologist and pediatric neuropsychologist in Behavioral Health Services. She evaluates children and adolescents presenting with complex neurodevelopmental, learning, social-emotional and behavioral issues. Dr. Koslof supervises neuropsychological testing within the internship program and co-leads the weekly testing seminar. Her primary clinical interests are psychiatric and neurodevelopmental comorbidities, complex differential diagnosis, emerging serious mental illness, and educational consultation. She completed her undergraduate studies at Washington University in St. Louis, and she earned her doctoral degree in clinical psychology from William James College (formerly Massachusetts School of Professional Psychology). She completed her doctoral internship at Brigham and Women's Faulkner Hospital in the Inpatient Psychiatric Department before completing a two-year postdoctoral fellowship in pediatric neuropsychology at McLean Hospital's Child and Adolescent Testing Service. Dr. Koslof is actively involved in the Massachusetts Neuropsychological Society (MNS), where she recently served as the President on the Board of Directors. She is also a member of APA (Division 40), the American Academy of Pediatric Neuropsychology (AAPdN), and the International Neuropsychological Society (INS).

**Kathryn Bradbury, PhD** – is a licensed clinical psychologist with a specialty in pediatric neuropsychology and autism spectrum disorder (ASD) in Behavioral Health Services. Dr. Bradbury supervises neuropsychological testing and ASD diagnostic testing within the internship program and participates in the weekly assessment seminar. Her primary clinical interests include early childhood assessment, ASD and other neurodevelopmental disorders, and complex medical presentations, including epilepsy and traumatic brain injury. Dr. Bradbury completed her undergraduate education at Colgate University and earned her master's and doctoral degrees in Clinical Psychology at the University of Connecticut with a specialization in pediatric neuropsychology. She completed her doctoral internship at the University of Minnesota Medical School in pediatric neuropsychology and psychotherapy and her two-year pediatric neuropsychology fellowship at Oregon Health and Science University (OHSU) with a dual focus in medically complex presentations and autism spectrum disorder (ASD). Dr. Bradbury has had the opportunity to work in a variety of settings over the course of her career, including both hospital-based clinics and private practice. She is actively involved in the Massachusetts Neuropsychological Society (MNS), where she served 3 years on the board. She is also a member

of several professional organizations, including American Psychological Society (APA) and the International Neuropsychological Society (INS).

**Samantha Cristol, PsyD** – is a licensed psychologist and serves as the primary supervisor in the McLean-Franciscan Child & Adolescent Inpatient Mental Health Program (Unit 1). In addition to her training role, Dr. Cristol runs skills groups, supports direct clinical care through individual, group, and family therapy, works directly on complex cases, and provides clinical training to staff. She also works closely with members of the multidisciplinary team to gain diagnostic clarity, discuss medication changes, and work towards discharge planning. Dr. Cristol has experience working with a variety of diagnoses in outpatient, PHP, and residential settings. Her primary clinical interests include the treatment of adolescents and young adults with anxiety, depression, OCD, and/or significant emotion dysregulation. In addition, Dr. Cristol is trained in Dialectical Behavior Therapy (DBT) and works with the team on Unit 1 to incorporate these principles in a short-term inpatient treatment setting. Dr. Cristol completed her undergraduate education at the University of Massachusetts, Amherst before earning her masters and doctoral degrees in Clinical Psychology from William James College. Dr. Cristol completed her doctoral internship at Child and Family Psychological Services (now known as LifeStance Health) in Norwood, Massachusetts and her post-doctoral year at McLean's 3East Intensive Residential DBT Program.

**Shoshana Fagen, PsyD** - is a Licensed Clinical Psychologist within the clinical training program in the Behavioral Health Services department at Franciscan Children's. She provides individual therapy supervision, specialized supervision in areas of expertise, and participates in didactic trainings. Dr. Fagen is the primary supervisor for the Pediatric Rehabilitation Track, where she focuses on teaching how to meet the psychological needs of a child within a post-acute inpatient medical setting. She has specific interests in working with children and adolescents who present with complex developmental, psychiatric, and medical conditions, particularly those who have comorbid Autism Spectrum Disorder and other mental health or other medical conditions. She additionally has expertise in parent training for very young children, behavioral sleep disorders, toileting, crisis response, and disaster mental health. Dr. Fagen attended Washington University in St. Louis for her undergraduate studies, earned a Masters of Arts in Psychology from Teachers College at Columbia University, and subsequently both a Masters of Science and a Doctorate of Psychology from Antioch University New England. She completed her APA internship and post-doctoral hours at Community Healthlink (formally known as Worcester Youth Guidance Center). She is a member of APA and MPA, and a long time Disaster Mental Health volunteer with the American Red Cross and MPA's Disaster Mental Health team.

**Chelsea Hustus, PhD** – is a licensed psychologist and serves as the primary supervisor in the McLean-Franciscan Community Based Acute Treatment (CBAT) program. In addition to her training role, Dr. Hustus oversees the group therapy program, supports direct clinical care through individual, group, and family therapy, consults with the interdisciplinary team on complex cases, and provides clinical training to staff. Dr. Hustus has experience working with a broad range of psychiatric presentations in both outpatient and acute, hospital-based settings. Her primary clinical interests include the treatment of adolescents with significant emotion dysregulation and high-risk

behavior, the role of family systems during acute treatment, and the application of DBT in short-term residential treatment. Dr. Hustus completed her undergraduate education at Northeastern University in Boston before earning her masters and doctoral degrees in Clinical Psychology from Ohio University. Dr. Hustus completed her doctoral internship at WVU School of Medicine and returned to the Boston area for her post-doctoral year at McLean's Adolescent Acute Residential Treatment (ART) Program.

### **Internship Admissions, Support, and Initial Placement Data**

**Date Program Tables are updated:**8/27/2025

#### **Program Disclosures**

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, provide website link (or content from brochure) where this specific information is presented:	
N/A	

#### **Internship Program Admissions**

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

*While Intern candidates are certainly screened for the quality and breadth of their education and experience, the successful candidate will also demonstrate an interest in and a commitment to the emotionally and physically complex and culturally diverse children that are the focus of Franciscan Children's mission.*

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

<i>Total Direct Contact Intervention Hours</i>	Yes		Amount: 200
<i>Total Direct Contact Assessment Hours</i>	Yes		Amount: 200

Describe any other required minimum criteria used to screen applicants:

*Interns are required to have a master's degree prior to the start of internship. Although there are required intervention and assessment hours (200 hours each, respectively), strong applicants typically have closer to 400 intervention hours. For the neurodevelopmental and pediatric rehabilitation tracks, strong applicants typically have closer to 400 assessment hours.*

### Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns	\$41,568.00	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	Yes	
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	
Coverage of family member(s) available?	Yes	
Coverage of legally married partner available?	Yes	
Coverage of domestic partner available?		No
Hours of Annual Paid Personal Time Off (PTO/Vacation/Sick/Holiday)	31 Days	
Hours of Annual Professional Development Time Off (Paid)	5 days	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	
Other benefits (please describe): N/A		

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

### Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2022-25	
Total # of interns who were in the 3 cohorts	9	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Academic teaching	0	0
Community mental health center	0	0
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	2	0
Veterans Affairs Health Care System	0	0
Psychiatric facility	3	0
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	2	0
Other	2	0

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