Central Regional Hospital

APA-ACCREDITED

CLINICAL PSYCHOLOGY

DOCTORAL INTERNSHIP

2019-2020

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INTRODUCTION

The Department of Psychology at Central Regional Hospital (CRH) offers an APA accredited internship program in clinical psychology, which provides comprehensive clinical training to qualified doctoral students. The Internship is administered by the Psychology Faculty and has a doctoral level Psychologist as Internship Director. The Internship Director, Psychology Director and other faculty members serving as Program Coordinators comprise the Psychology Training Committee, which administers the program, reviews applications, fills the available positions, monitors the quality of training, awards certificates of completion, and provides feedback to the interns and the graduate program that trained the intern.

CRH is a state hospital setting which includes a comprehensive range of services with inpatient treatment wards for children, adolescents, adults, geriatric, and forensic populations, as well as outpatient services for children and families, and pretrial evaluations in forensics.

CRH serves a highly diverse population, with patients ranging in age from childhood to geriatric. The population is diverse by race and ethnicity, with patients representing European, African, Hispanic/Latino, Native American, and Asian descent. While patients represent various levels of education and occupational status, CRH mostly serves low-income patients.

CRH was built in 2008 with large open areas, large windows, and other elements intended to maximize the positive outlook and potential of patients and staff. The 432-room hospital serves the acute mental health needs of adults and adolescents from 26 counties in central North Carolina, and houses the only child inpatient and forensic services units in the state, which serve the entire state. For more information on CRH, visit the hospital's website at: http://www.ncdhhs.gov/dsohf/services/crh/index.htm

CRH is located in Butner, about 10 miles from Durham, 15 miles from Chapel Hill, and 20 miles from Raleigh. The Raleigh-Durham-Chapel Hill area which surrounds the Research Triangle Park and Raleigh-Durham airport is known locally as the Triangle. The Triangle area contains three major universities, numerous colleges, numerous technology and medical science businesses, and a wide range of restaurants and entertainment options. For more information visit the websites for Raleigh (http://www.raleighchamber.org/), Durham (http://durhamchamber.org/) and Chapel Hill (http://www.carolinachamber.org/).

Interns apply for one major focus: Adult, Child/Youth, Forensics or Neuropsychology/Geropsychology. The major focus comprises about two thirds of their time. Interns may choose up to two minor rotations to suit their training goals, which will comprise about one third of their time. The minor rotations allow interns to build on previous training or to add new skills, depending on the interns' interest.

The internship belongs to APPIC and abides by all APPIC policies with respect to recruitment, interviewing, and selection. This includes disclosing prior to the Match that appointment of applicants Matched to internship positions is contingent on the applicants satisfying the additional eligibility requirements of a criminal background check and drug testing.

The internship began at Dorothea Dix Hospital and was accredited by APA during our first year of training (2003-2004) for three years, and re-accredited for five years in 2007. In 2008, the newly built Central Regional Hospital took over Dorothea Dix Hospital. The internship was renamed Central Regional Hospital psychology internship. In July 2012 the internship was re-accredited for 7 years. We completed our self-study in 2018, had a successful site visit in March 2019, were reviewed during the Commission's July 2019 meeting, and are currently providing additional information requested.

Applicants can verify the accreditation decision here: http://www.apa.org/ed/accreditation/programs/internships-state.aspx. APA accreditation is conferred by the Commission on Accreditation, 750 First Street NE, Washington DC 20002-4242 (202-336-5979).

FINANCIAL SUPPORT AND BENEFITS

Four full time positions each paid a minimum total of $27,480. This minimum is $15 per hour for 1832 hours, the minimum total hours required to complete the internship. Interns who choose to work more than the minimum number of hours will be paid more than the minimum total.

Interns are required not to work on 12 state holidays and to take 19 unpaid personal leave days. Interns may use personal leave hours as sick time or vacation.

Health insurance is not provided. Because interns are full time 12 month temporary employees, they are eligible to purchase health insurance individually through the State Health plan.

Up to 10% time per week can be used for research/professional development.

Interns have LAN based computers with internet access and email and phone lines. Mail slots, fax machine, and copying are easily accessible to the intern's work space.

HOW TO APPLY

ELIGIBILITY: Doctoral candidates in APA-approved or CPA approved clinical psychology programs; APA-approved or CPA-approved school psychology programs are accepted for the Child-Youth focus area. Must be in the third year of doctoral program or later. If the doctoral program requires comprehensive exams, applicants must have passed prior to the application deadline. Must have at least 450 face to face intervention hours and 50 face to face assessment hours in doctoral program practica by the application deadline. U.S. citizenship is not required, but non-citizen applicants will be required to demonstrate eligibility to work within 3 days of the start date by completing form I-9 (Employment Eligibility Verification, Department of Homeland Security).

STARTING AND ENDING DATES: September 1st through August 31st.

REQUIRED DOCUMENTATION on the AAPI On-Line service:

- Cover letter describing why you are interested in us and identifying only one intended major focus area for internship here: Adult; Child-Youth; Forensic; or Neuropsychology/Geropsychology. See below for descriptions of the four major focus areas.
- Current C.V.
- AAPI full application (including all essays, tables, and verification of eligibility by DCT).
- Three letters of recommendation.
- Official transcripts from your current doctoral program.
- We do not request or review work samples, even if they are available on-line.

DEADLINE: The application deadline is **November 1.**

APPLICATION REVIEWS AND INTERVIEWS: We will contact all applicants by email no later than December 8 to notify you that we are offering an on-site interview, or to inform you we are no longer considering your application. On-site interviews are mid to late January. Applicants are strongly encouraged to have an on-site interview. Phone interviews can be arranged if travel is not possible.

TRAINING PHILOSOPHY

The internship provides clinical training in the context of the Scientist-Practitioner model and has as its overarching goal, to produce a psychologist who is able to integrate science with professional practice knowledge, attitudes, and skills. Graduates may function as clinicians, as researchers, or as both. Consistent with this training model, each intern makes a presentation to the faculty on a topic relating to their focus area. Many interns present their dissertation or other research project for critical review prior to presenting it to their dissertation committee or at a professional conference. Each intern is expected to demonstrate competency in integration of science and practice as measured by supervisor feedback. Each intern attends required didactic experiences to address the professional competencies referenced in the APA guidelines including the integration of science and practice. All interns may take up to 10% time (4 hours per week) for research/professional development, which may involve work on a dissertation or any other research project, or professional development (e.g. EPPP study, reading scholarly articles, preparing a presentation, etc.). There are opportunities for research in ongoing research projects and in facilitating new research proposals. The internship also supports interns' professional development by attending off-site training. Interns may have up to 2 full days for a specific off-site training experience be counted as part of their internship year.

The internship expects to contribute to the development of well-rounded clinical psychologists. Our interns have a flexible and individualized training experience that both builds on their existing strengths and also broadens their clinical experience. We provide interns with exposure to a wide range of populations and services and a variety of experienced clinical supervisors. We employ a variety of training methods (e.g., individual and group supervision, observation, demonstration, audio- and videotape, seminars, workshops, etc.). Interns have close contact with a variety of other trainees. These include psychology interns from the APA-accredited Internship at UNC Hospitals, psychology practicum students from UNC-Chapel Hill and Duke University, and CRH's Forensic Psychology Post-Doc, and trainees from psychiatry, social work, occupational therapy, and pharmacy services.

TRAINING PROCESS

Program Coordinator

Each intern is assigned a Program Coordinator who is the faculty member from their major focus area serving on the Training Committee. The Program Coordinator serves as an information source until the internship officially begins, then as advisor for the intern while planning their training program for the year. The Program Coordinator is available throughout the year for advice regarding problems that may arise and collects feedback from supervisors concerning the intern's progress.

Creating a Training Schedule

During the first week, each intern creates a training schedule for the year in consultation with their Program Coordinator. The internship provides training in two 6-month blocks. All interns regardless of their major population will participate in a range of training rotations with a variety of populations.

All interns have major rotations (2 ½ to 3 days per week) in their focus area in both 6 month blocks. Some focus areas have flexibility in how the major rotations are scheduled; some do not.

Interns can select one minor rotation (1- 1 ½ days per week) for each 6-month block depending on their interests or training needs. Some minor rotations are available for the entire year; some are available only in the first or second 6 months. Interns may change their intended minor for the second 6 months if new interests emerge.

Please see the Training Settings section below for more details about the major and minor rotations.

Core Competencies

The internship identifies core competencies that all interns are expected to acquire by the end of the internship year regardless of their focus area. The core competencies are those which involve gradual acquisition of skills through experiential learning, direct service under supervision, and didactics.

Treatment Competency

We expect that the intern's university program has provided them with basic training in provision of a variety of treatment approaches with their intended major population. Interns will build on their existing treatment skills by participating in treatment team meetings, offering individual or group psychotherapy, and offering programming in the Psychosocial Rehabilitation program.

The Treatment core competency skills include case conceptualization, the ability to use a range of therapeutic options, and providing effective treatment while demonstrating sensitivity to diversity. Consultation skills in the context of treatment include consultation to multidisciplinary teams. Program evaluation skills in the context of treatment include creating behavior plans using behavioral analysis, measuring outcomes, and adapting treatment to maximize effectiveness.

Assessment Competency

We expect that the intern's university program has provided them with basic training in intellectual assessment, academic skills assessment, and personality-psychopathology assessment with their intended major population. The internship will build on the foundation provided by the intern's university program by offering more intensive exposure to assessment in the intern's major population, as well as access to assessment training in other populations.

The Assessment core competency skills include interviewing for rapport building and data gathering while remaining sensitive to diversity issues; administration, scoring and interpretation of testing measures; integration of data from multiple sources; writing reports which are timely, accurate, relevant, and readable. Consultation skills in the context of assessment include providing feedback to the referral source, patient, and multidisciplinary team.

Specialty Population Competency

The internship also considers skills with one specialty population to be a core competency for all interns. The specialty population requirement can be helpful in meeting intern career goals and in expanding interns' breadth of expertise, consistent with our intent to provide broad-based training. The specialty populations are Adult SPMI, Child/Adolescent, Forensic Assessment, and Neuropsychology/ Geropsychology. The specific skills being trained vary depending on the population. All interns are provided exposure to one specialty population on their major focus rotation. The settings in which interns gain a specialty population competency are described in the Training Settings section.

General Professional Competencies

In addition to the specific clinical skills reflected in the core competencies, all interns are also expected to demonstrate general professional competencies which reflect core personal qualities and professional enculturation. These include the ability to integrate science and practice (including making a formal presentation to the psychology faculty), adherence to ethical standards, sensitivity to cultural and other

individual differences, openness to supervision and consultation, ability to interact effectively with other professionals, assumption of appropriate responsibility, positive coping strategies for managing personal stress, time management, the ability to communicate effectively orally and in writing, provision of informal consultation, and provision of supervision.

Training in supervision competency is two-fold. Through the didactic seminar series interns learn the competency-based approach to clinical supervision. Then interns obtain direct experience in supervision under the supervision of an umbrella supervisor (i.e. interns are being supervised on their supervision). Most interns obtain this direct experience via peer supervision, whereby interns with areas of greater competence in a specific area provide supervision to interns with less competence in that area. Depending on availability of practicum students, some interns may serve as supervisor for a student from doctoral or masters programs. The intern and supervisee sign a formal supervision agreement which is comparable to the rotation agreement between the intern and their own supervisors.

Rotation Agreement

At the start of each rotation, interns are provided with a formal written agreement with each supervisor, describing the expected training experience, the expected work load including writing time, and the minimum amount of supervision to be provided on a regular basis. Each supervisor also reviews with the intern their past relevant experience. Each supervisor identifies which skills are expected to be trained during the training experience. The intern and supervisor will agree on a current rating of their skills at the start of the rotation, and the expected level at the end of the rotation.

Supervisor feedback

Interns receive ongoing informal feedback from supervisors and formal feedback from supervisors at regular intervals. Both are critical to the mission of helping interns develop the skills necessary to demonstrate acquisition of the core competencies by the end of internship.

Because skills leading to core competencies are acquired by experience under supervisions, skills are expected to increase based on accumulated experience across the internship year. Because interns acquire skills at different rates, each supervisor rates the intern’s progress on acquiring skills every 3 months. Each supervisor also provides ratings of the interns' general professional competencies described above, at 6 months and in the final month of internship. Each supervisor also completes narrative feedback at 6 months and also at the end of internship. All of this formal feedback is shared with the intern.

Interns’ competency in provision of supervision is evaluated by their umbrella supervisor at the end of the formal supervision arrangement between the intern and their peer supervisee. The umbrella supervisor shares this feedback with the intern.

See the policy on Minimum Achievement Expectations for more details on how interns’ progress is measured and the minimum expectations for successful completion of internship.

Formal Evaluations (mid-rotation, end of rotation)

The Training Committee conducts formal evaluations of each intern mid-way through each 6-month rotation, and at the end of each rotation. The Training Committee evaluates the interns for progress toward acquiring core competencies via the ratings of component skills from their supervisors, and narrative feedback from supervisors. The Training Committee monitors the interns’ demonstration of general professional competencies via supervisor feedback. The Internship Director provides feedback about the intern to their graduate program Director of Clinical Training.

Certificate of Internship

Upon successful completion of the internship, a certificate of completion is awarded by the Department of Psychology of Central Regional Hospital.

Intern Feedback to the program

Interns are given an opportunity to provide feedback about the program anonymously. One year after their internship year is over, the Internship Director contacts former interns and solicits their feedback about the internship, including their evaluation of the extent to which the internship met our goals in training their competencies. The Internship Director collates that information for program development.

TRAINING SETTINGS

Some of the following training experiences may not be available every training year, due to changes in training resources. Interns are provided with up to date information at the start of the training year. Applicants are provided with the most current version of this Manual.

One intern is selected each year for each of the four major focus areas. Interns do major rotations (2 ½ - 3 days per week) in their focus area throughout the year. The major focus areas are described below.

Adult Major

The adult major focus intern's schedule includes two six-month major rotations on the Adult Admissions Unit (AAU) and on the Community Transition Unit (CTU).

Adult Admissions Unit (AAU)

The AAU provides treatment to adults with active symptoms of severe and persistent mental illness. Diagnoses represented in the patient population include schizophrenia, schizoaffective disorder, bipolar disorder, depression, substance use disorders, intellectual disability, and Axis II disorders (most commonly antisocial personality disorder and borderline personality disorder). This rotation provides training with the Adult SPMI specialty population. The AAU consists of approximately 140 patients who reside on seven separate patient care units (PCUs): four all-male units, two all-female units, and one co-ed, “intensive support” unit. While length of stay varies greatly (anywhere from one week to greater than one year) the average length of stay for patients is 12 weeks. Typically, an intern completing an AAU rotation will be assigned to work with patients on one PCU and will be supervised by the psychologist on that PCU. During the rotation, the intern will have the opportunity to engage in psychological assessment (e.g. diagnostic, cognitive, malingering, independent living) and brief, goal-focused individual psychotherapy. The intern may also have the opportunity to provide individual capacity restoration to a subpopulation of forensic patients on the AAU who have legal charges and have been found not capable to proceed to trial. The intern may also participate in conducting behavioral assessments and behavioral observations as well as in developing/implementing behavioral interventions, including providing staff training for behavioral interventions. The intern will engage in treatment planning activities in multidisciplinary treatment team meetings 1-2 times per week. There may also be opportunities for the intern to co-lead a group in the treatment mall (2-3 times per week), depending on the intern's interest and supervisor availability.

Community Transition Unit (CTU)

The Community Transition Unit (CTU) provides treatment and rehabilitation services to adults with severe and persistent mental illness (SPMI). In conjunction with the Treatment Mall, CTU provides treatment for approximately 80 patients with a variety of diagnoses, including schizophrenia, major affective disorders, and severe personality disorders. Patients may also have legal issues and require

treatment to restore capacity to proceed to trial. In addition, the unit treats mentally ill/intellectually developmentally disordered patients and SPMI patients with co-occurring substance abuse problems. The length of stay varies from three to six months to many years. The CTU offers an alternative to the custodial atmosphere prevalent in traditional psychiatric institutions. Instead, the unit offers a social environment where patients are treated as responsible adults. Rehabilitation efforts are aimed at reducing symptoms and helping patients to develop the cognitive, interpersonal, and self-management skills needed to achieve the highest level of independent functioning possible. The treatment philosophy emphasizes the importance of the milieu, the need for clearly communicated behavioral expectations, appropriate medication management, and opportunities for patients to acquire new skills that improve their level of independent functioning. For higher functioning patients, emphasis is placed on the development of patient-centered goals and developing skills necessary for meeting these goals. Patients follow their own schedules and take responsibility for developing independent living skills (symptom management, ADL skills, money management, etc.). Lower functioning patients are provided with more structure and support to enable them to successfully complete daily activities and engage in treatment. Clear and consistent reinforcement for appropriate behaviors is critical. Patients at all levels participate in a Token Economy behavior program to reinforce adaptive behaviors. Some patients have specialized behavior support plans that address particularly problematic behaviors. This rotation provides training in the Psychiatric Rehabilitation and Social Learning models. Interns are assigned to one or more treatment teams to provide psychological consultation and may also provide psychological services across wards. Working with treatment teams involves managing the operation of the unit's Token Economy behavior program and individualized behavior support plans. Interns also gain experience providing direct psychological services including leading community meetings, providing individual behavioral assessment, group and individual skills training and psychotherapy, participating in multidisciplinary treatment team meetings and treatment planning, neuropsychological screening (e.g., RBANS), psychodiagnostic assessment (e.g., PAI, MMPI-2, Rorschach, etc.), and functional assessment. Interns develop skills in assessing and treating a variety of psychiatric symptoms and problematic behaviors (e.g., psychosis, depression, emotional dysregulation, substance abuse, social skills deficits, aggression, self-injurious behavior) with a focus on evidence-based practice. They may have the opportunity to co-lead existing therapy or skills-training groups (e.g., CBT, DBT) or to develop and implement other groups that address specific patient needs. Participation in the Treatment Mall program may also provide interns with the opportunity to gain or expand specialty skills, such as working with dual diagnosis and substance abuse. Interns are expected to progress from working "side-by-side" with unit psychologists to working more independently with specific patients and treatment teams.

Child-Youth Major

The training sequence for the Child/Youth focus intern is designed to provide opportunities to work with children across the age span (5 – 17) in both an inpatient and outpatient setting. The intern will acquire a wide range of skills gaining experience with the full spectrum of presenting conditions. The Child/Youth focus intern is required to complete 6 month major rotations on each of our inpatient units, in order to work with both latency age children (ages 5 - 11) and adolescents (12 - 17).

The Child/Youth focus intern also completes a required 12 month minor in the Child Outpatient Clinic on Tuesday afternoons and Thursdays.

During the second 6 months, the intern may add ½ day or full day in the Child Outpatient Clinic, or a different minor if one is available in the days not required for the major and required minor.

For illustration, a typical schedule would be:

September – February: CAU – Adolescent Mon, Tues AM, Wed, Fri PM; Child Outpatient Clinic: Tues pm, Thur.

March – August: CAU – Children's: Mon, Tues AM, Wed, Fri PM; Child Outpatient Clinic: Tues PM, Thur

If an intern elects to use research time or schedule an additional minor rotation, it would be scheduled on one of the "inpatient" times, as Tues PM and Thursdays are set for the Outpatient Clinic.

Child and Adolescent Unit (CAU)

The Child and Adolescent Unit (CAU) offers a range of inpatient services to children, adolescents, and their families. CAU consists of the children's unit (D0) and the adolescent units (E0 and F0). Each setting offers training in group and individual therapy, psychological assessment, diagnosis, individualized behavioral planning, and treatment team consultation as the core of the internship experience. CAU supervisors have a wide variety of therapeutic orientations and approaches, offering training in cognitive-behavioral, behavioral, client-centered, psychodynamic, psychoeducational, and experiential modalities. Interns may provide individual therapy to patients whose admissions generally range from six weeks to six months in length. Group therapy experiences consist of traditional "process" groups as well as psychoeducational groups in a variety of areas such as anxiety, DBT, substance abuse, social skills and problem solving. Psychological assessments range from single tests, which target a specific referral question, to in-depth, full-battery evaluations. Opportunities are available to gain training and exposure to a wide range of assessment tools including cognitive/IQ testing, educational/achievement testing, projective tests (e.g. Rorschach, TAT), personality inventories (e.g. PAI-A), behavior checklists (e.g. Achenbach Youth Self Report), neuropsychological testing, and behavioral observations. In addition to performing formal assessments, interns gain experience with the diagnostic process through active participation in team meetings, where information gathered by staff members from of a variety of disciplines is shared for the purposes of diagnostic conceptualization and treatment planning. Interns will also have the opportunity to conduct behavior plan evaluations in which functional assessments of patients' behavior is conducted to determine the need for behavioral interventions, and subsequent plans are developed as needed.

The Children's Inpatient Unit (D0) admits latency age (5 - 11) children with presenting problems that span the whole range of childhood psychiatric disorders. Interns will have opportunities to provide therapeutic intervention and assessments appropriate to this age group, as well as participating in multidisciplinary team meetings for diagnostic conceptualization and treatment planning. Interns may also have the opportunity to conduct behavior plan evaluations and implement behavioral interventions.

The Adolescent Inpatient Unit (E0 and F0) provides crisis stabilization and inpatient evaluation services for adolescents ages 12-17. The patient population presents a full range of psychiatric conditions, including emerging presentations of severe mental illness or character pathology, as well as substance abuse, conduct disorder and oppositional-defiant disorder. Training opportunities for interns provide a balance of psychological assessment and treatment interventions including individual and group therapy, and participation in interdisciplinary treatment teams and diagnostic conferences.

Child Outpatient Clinic (Scott Building in Raleigh)

The Child Outpatient Clinic is staffed by psychology faculty, psychiatry faculty, social work faculty, special educators and fellows in child psychiatry, and serves as a primary training facility for the UNC Child Psychiatry Fellows as well as social work and psychology trainees. Training opportunities for psychology interns include psychological assessment (intellectual and projective), diagnostic evaluations, longer term individual therapy with children (age 17 and under, with most under age 13), and parent or family counseling. In addition, training in rapid assessment and intervention is available at a part-time community clinic for second rotation if intern elects to increase their training days. The Child Outpatient Clinic continues to be physically located at the former Dorothea Dix Hospital campus and continues to serve the same local population from the same location.

Forensic Major

Forensic Evaluation Center (FEC)

The forensic major focus intern spends 3 days per week throughout the year doing assessments with pre-trial defendants who are court ordered for evaluation at the Pre-Trial Center (aka the Forensic Evaluation Center or FEC). The FEC is the only state facility providing Pre-Trial evaluations for North Carolina. Defendants span the full age range, include males and females, and reflect the diverse population of the entire state. Most of these evaluations are of capacity to proceed (aka competency to stand trial), some are of mental state at the time of the offense. Most are done as outpatients.

The intern will spend the first 6 months doing a combination of inpatient and outpatient evaluations, then exclusively outpatient evaluations in the second 6 months.

Inpatient Evaluations: Psychological assessments with defendants who have been admitted to the FEC for evaluation of capacity to proceed, then referred for psychological assessments to assist the primary evaluator. Referral questions include rule out malingering, rule out psychosis, assess neuropsychological, cognitive, or intellectual functioning, and/or clarify diagnosis. A combination of methods may be utilized including clinical interviews, psychological testing, consultations with staff, and an extensive review of collateral information. Measures may include effort and malingering (M-FAST, TOMM, SIRS, ILK, symptom validity testing), neuropsychological screening tests, intellectual and achievements tests, the MMPI-2, PAI, and Rorschach. The intern assists in writing reports of findings which will be submitted to the Court along with the primary evaluators report on capacity to proceed.

Outpatient evaluations: Defendants are brought to the FEC from county detention centers and evaluated as outpatients for capacity to proceed and/or mental state at the time of the offense. Interns assist in interviewing, administering and interpreting psychological tests as needed, reviewing collateral information, and writing extensive reports for the Court which address the primary forensic questions.

Required Didactics

Landmark Cases/Forensic Seminar

The Landmark Case/Forensic Seminar series is required for the forensic major focus intern and the forensic psychology post-doc at CRH. The series is also required for interns from FCC Butner and the shared FCC-UNC Hospitals internship. The series is coordinated by Susan Hurt Ph.D. at CRH and Bob Cochrane Psy.D. (FCC Butner internship director), taught by faculty from FCC and CRH, and held at FCC Butner on Wednesday mornings. Topics include Competence to Stand Trial, Criminal Responsibility, Defendant's Rights, Death Penalty, Drugs and Alcohol, Hypnosis, Right to Treatment, Right to Refuse Treatment, Civil Commitment, Informed Consent, Prisoner's Rights, Duty to Protect, Confidentiality/Privilege/Privacy, Liability, Emotional Harm, Expert Witness Testimony, Child Abuse Reporting, Juvenile Court, Custody, NGRI history, Diminished capacity, Malingering, Risk assessment, Correctional Mental Health, Sex Offender Assessment & Treatment, Hypnosis/Sodium Amytal, Amnesia, Forensic Report writing, Forensic Psychological Testing, Death Penalty issues, Personal Injury, Ethical Issues, Disability Rights, Gender and Cultural issues, Guardianship, Police Psychology, and Malpractice.

Forensic Case Conference

Forensic Case Conference is required for the forensic major focus intern and CRH forensic psychology post-doc. Forensic case conference is held once or twice a month on Tuesday mornings from 9:30-11:00. Pre-trial defendants are interviewed in front of the group, extensive background information is presented, and group discussion centers on the forensic question (capacity to proceed to trial and/or mental state at the time of offense) and/or diagnosis.

Testimony

Mock Testimony is required for the forensic focus intern and the forensic psychology post-doc as part of the required Forensic Seminar. The forensic major focus intern does not provide direct testimony. The intern does observe testimony of their supervisors and other Pre-Trial Center evaluators.

Neuropsychology/Geropsychology Major

The training sequence for the Neuropsychology/Geropsychology intern is designed to provide exposure to a range of conditions in both neurologic and psychiatric patients. At least 50% of the intern's time is spent in the practice of clinical neuropsychology and will involve both inpatient and outpatient assessments. The training year is divided into two six-month rotation periods and the intern is expected to spend two days a week in clinical activities (inpatient) on the Geriatric Services Unit across both rotation periods. Typically, the Neuropsychology/Geropsychology intern will also elect to do a one to two day minor rotation on the Physical Medicine and Rehabilitation Neuropsychology Service at UNC Hospitals (predominately outpatient) for one or both of the rotation periods. Minor rotations of one day per week are usually selected from the Forensic or Adult services but can be chosen from any of the available minors depending on the intern's area of interest (e.g. UNC Transplant Service). While the Neuropsychology/Geropsychology focus area provides excellent training opportunities for interns interested in specializing in either neuropsychology or geropsychology, most of our interns have elected to pursue post-docs in clinical neuropsychology.

Geriatric Services/Neuropsychology (GSU)

The Geriatric Services Unit at CRH is a 40-bed, primarily acute inpatient psychiatric unit which provides expertise in treating older psychiatric patients. Patients are usually admitted on an involuntary commitment. Presenting problems include dementia (e.g. Alzheimer's disease, vascular dementia, frontotemporal dementia, substance abuse-related dementias, or mixed etiologies), chronic schizophrenia, recurrent mood and schizoaffective disorders, and late onset psychosis and depression, among others. Substance abuse/dependence patients are also admitted, with alcohol the most common substance. Many patients have multiple chronic medical illnesses complicating or contributing to their psychiatric and neurological difficulties. Length of stay varies by diagnosis and chronicity, although the goal is always stabilization of the behavioral problems that led to admission and discharge to a less restrictive community setting (e.g., home, family, assisted living, nursing home). Currently, the GSU service operates two patient care units (PCUs). One PCU admits patients with primary psychiatric diagnoses and utilizes a psychosocial rehabilitation treatment model. The second PCU admits patients with diagnoses of primary major neurocognitive disorders (most typically dementias such as Alzheimer's disease and frontotemporal dementia). This PCU utilizes a biopsychosocial, strength based model of care designed to support an individual's remaining abilities and promote caring relationships.

Interns are provided with specialty training working with a geropsychiatry population and the special considerations in assessment and treatment raised by aging and lifespan issues (e.g., importance of age and education-corrected test norms). The Intern will represent psychology on a multidisciplinary treatment team that includes psychiatry, nursing, social work, and other disciplines, with a caseload spanning the full range of patient diagnoses. Assessment, including clinical interview, review of patients' history, chart review, testing, report writing, and feedback to the treatment team will be a large part of the Intern's responsibility. Interns conduct initial psychological screenings of new admissions. There will be a heavy emphasis on neuropsychological assessment, including cognitive screening, as well as opportunity for more in-depth intellectual and neuropsychological assessment on referral from the attending MD. Personality assessment such as MMPI-2 (often short forms) and depression inventories will be required on occasion. Interns are expected to become proficient in the interpretation of

evaluation data and in reporting the results of evaluations to other disciplines in both written and oral form. Treatment activities include both group (e.g. leading cognitive-behavioral therapy groups such as coping skills group) and individual modalities. There are also opportunities for individual behavioral management plans. The relative emphasis of responsibilities will vary according to PCU or hospital needs.

Minor Rotations

Minor rotations are available to all interns regardless of prior experience with the specific population. Interns select minor rotations to expand on prior skills or to add new skills with a new population. Supervisors adjust training goals and expectations for minor rotations to realistically take into account the intern's specific level of prior experience with the population.

Some minor rotations are not offered every year, some are only offered in the first or second 6 months, and some are available on certain days of the week, so some minor rotations may not be possible for some interns to fit into their schedule.

Acute Adult Unit (AAU)

See description of service above in major rotations. Interns choosing AAU as a minor rotation (1 to 1 ½ days per week) may have the opportunity to engage in any of the training experiences described above with the exception of behavioral assessment and development of behavioral interventions.

Child and Adolescent Unit (CAU)

See description of service above in major rotations. Interns choosing CAU as a minor rotation (minimum of two half-days per week) will be able to focus the rotation based on intern interests and availability of supervision (e.g. group therapy with adolescents; assessments). The minor is only available on adolescent service and only for 2nd rotation.

Community Transitions Unit (CTU)

See description of service above in major rotations.

Forensic Outpatient Assessment (FEC)

See description of service above in major rotations. Interns choosing this as a minor rotation (1 to 1 ½ days per week) are limited to evaluations of capacity to proceed to trial and will not be involved in evaluations of diminished capacity or insanity. Forensic Case Conference (see description in major rotations) is available to interns while on this minor rotation.

Forensic Treatment (FSU)

The Forensic Services Unit (FSU) provides inpatient treatment for adults who have been involuntarily committed and have also been charged with significant crimes. Intern responsibilities will include: co-leading competency restoration groups for patients that have been found incapable to proceed to trial (ITP); conducting individual therapy with ITP and NGRI patients; participation in interdisciplinary treatment team meetings; conducing psychological assessments and screenings as needed; development of behavior plans and interventions for FSU patients. This training is offered on the Medium and Minimum security wards. Forensic Case Conference (see description in major rotations) is available to interns on this minor.

Geriatric Services/Neuropsychology (GSU)

See description of service above in major rotations. The balance of activities depends upon intern interest and availability and unit need.

Lung and Heart Transplant Team (UNC Hospitals)

Interns with an interest in the psychological issues surrounding organ transplantation may work on the UNC lung and heart transplant teams. Experiences include psychological evaluations of adult candidates for lung and heart transplantation, consultation with physicians, nurses, and social workers on the transplant teams, individual and couples therapy before and after transplantation, and group therapy with patients who are pre- and post- transplant. Interns are welcome to participate in ongoing research on psychosocial issues surrounding transplantation and quality of life before and after transplant.

Physical Medicine and Rehabilitation Neuropsychology (UNC Hospitals)

This rotation offers specialized training in neuropsychological assessment and interventions. Interns gain experience in patient/family interviewing and counseling, test administration, scoring, and formulation, writing reports, and conducting interpretive conferences. The patient population is diverse and includes patients from geriatric medicine, general neurology, neurosurgery, physical medicine & rehabilitation, epilepsy surgery, psychiatry, and rheumatology as well as attorney referrals. Most referrals are for outpatient assessments, some are for inpatient consults.

DIDACTICS

Required

Seminar on Professional, Ethical and Social Issues

A shared seminar series with the APA accredited internship program at the University of North Carolina Hospitals in Chapel Hill, NC. Coordinated by Dr. Gladys Williams, UNC internship director, the series covers diverse issues intended to meet the requirements for internship didactics set by APA's Commission on Accreditation. The seminars are attended by interns from both internships and taught by faculty from both internships. Sept – May, Fridays 8:30 – 10:00 am.

Internship Didactic Seminar

This didactic seminar is for CRH interns and faculty only. It is held on the third Monday of the month from 12:00 to 1:00. CRH faculty present for the first half of the year. Interns present in the second half of the year. Although there are a range of topics, supervision is an emphasis for the faculty presentations. Interns are expected to incorporate research in their presentation to help demonstrate their competency in strategies of scholarly inquiry. This may include presentation of their dissertation research project as a way to prepare for their defense, or any topic of their choice.

Optional

Child Psychiatry Case Conference

Wednesdays, 10:30-12:00, Child Outpatient Clinic, Raleigh. Intended for clinic staff and all trainees at the Child Outpatient Clinic, including the Child-Youth focus intern.

Psychology Grand Rounds

One hour, once per month. Presenters have included CRH Psychology Faculty and outside Psychologists. Past topics have included "Multicultural Assessment and Treatment," "Current and Future Trends in Behavioral Assessment and Intervention across Statewide and General Population Programs at Murdoch Developmental Center," "Evaluation of Sex Offenders for Possible Civil Commitment," "Acceptance-Based Interventions for Psychosis," "Token Economies in Practice," "Neuropsychological Assessment in

Psychiatric Populations," "Did That Really Just Happen: Understanding the Impact of Microaggressions."

Psychiatry Grand Rounds

Coordinated by Duke University Department of Psychiatry. Grand Rounds are held on Thursdays from 1:00 pm-2:30 pm in Conference Room M3016. Open to all trainees.

MRI Rounds

2nd and 4th Mondays 3:30-4:30pm in Conference Room N2012. Neuropsychiatry review of clinical psychiatric cases with brain imaging. Attended by residents from Duke and UNC medical schools. Open to all trainees and interested staff.

Off Site Conferences

Interns are encouraged to participate in off-site workshops and conferences and are provided up to 2 days of time off site counted toward their internship hours (see policy on Off-Site Training below).

TRAINING COMMITTEE

Internship Director

David M. Hattem, Ph.D. Senior Psychologist, Forensic Evaluation Center. Adjunct Associate Professor, UNC Chapel Hill Department of Psychiatry. Ph.D. from University of Southern California, 1983. Special interests in forensic assessment, personality assessment, clinical supervision.

Psychology Director

Brian Grover Psy.D. Psychology Director. PsyD from Wright State University, 1988. Special interests in forensic psychology, addictive disorders, stress management, civil commitment and program development.

Program Coordinators

Laura M. Clark, Ph.D. A.B.P.P. –Geropsychology. Program Coordinator for Neuropsychology-Geropsychology focus intern. Chief Psychologist, GSU. Ph.D. from UNC-Chapel Hill, 1992. Special interests in neuropsychiatric symptoms of dementia, neuropsychology, geropsychiatry, group treatment of geropsychiatric patients.

LaVonne Fox, Psy.D. Program Coordinator for Forensic focus intern. Senior Psychologist, Forensic Service. Psy.D. from Illinois School of Professional Psychology, 1997. Special interests in forensic assessment and assessment of sex offenders.

Trinda Lee-Anderson, Ph.D. Program Coordinator for Adult focus intern. Chief Psychologist, Adult Admissions Unit. Ph.D. from University of Virginia, 2004. Special interests in anxiety, depressive, and psychotic disorders, anger management, capacity restoration.

Susan Moschos, Ph.D. Program Coordinator for Child-Youth focus intern. Chief Psychologist, Child/Adolescent Unit. Ph.D. from Duquesne University, 2011 and Nationally Certified School

Psychologist. Special interests in autism and other neurodevelopmental disabilities, disruptive behavior disorders, Collaborative Problem Solving, and DBT and ACT for adolescents.

SUPERVISORS

The internship is fortunate to have a highly qualified pool of supervisors. Many hold appointments at UNC Chapel Hill or Duke University; several have multiple faculty appointments. Several function as Chief Psychologists for their unit. Six hold diplomates (A.B.P.P.).

Adult Services (AAU and CTU)

Radha Carlson, Ph.D. Chief Psychologist, AAU. Ph.D. from the University of Miami, 2011. Special interests in therapy for severe mental illnesses and personality disorders.

Trinda Lee-Anderson, Ph.D. See above description under Training Committee.

Cristian Onofrei, Ph.D. Senior Psychologist, AAU. Ph.D. from Boston University, 2011.

Dustin Reagin, Psy.D. Chief Psychologist, CTU. Psy.D. from The Wright Institute, 2014. Special interests in personality disorders, DBT, and multicultural issues.

Michelle Marquez, Psy.D. Senior Psychologist, AAU. Psy.D. from Pace University 2008. Special interests in crisis intervention, suicide assessment, and the relationship between medical and psychiatric illness.

Child and Adolescent Unit (CAU)

Kelly Brown, Ph.D. Senior Psychologist I, CAU. Ph.D. from Nova Southeastern University, 2014. Special interests in trauma-informed treatment and assessment, developmental issues, suicide prevention, and clinical supervision.

Susan Moschos, Ph.D. See above description under Training Committee.

Forensic Evaluation Center (FEC)

LaVonne Fox, Psy.D. See above description under Training Committee.

David M. Hattem, Ph.D. See above description under Internship Director.

Mark D. Hazelrigg, Ph.D., A.B.P.P.-Forensic Psychology. Psychological Program Director II. Adjunct Assistant Professor, UNC-Chapel Hill Department of Psychiatry; Director, Forensic Outpatient Program. Ph.D. from University of Missouri at Columbia, 1988. Special interest in risk assessment.

Susan Hurt, J.D. Ph.D. Senior Psychologist. J.D. from Cornell Law School, 1986. Ph.D from University of Virginia 2002. Special interests in juvenile forensic assessment and ethics education.

Nancy Laney, Ph.D., C.R.C. Senior Psychologist. Adjunct Assistant Professor, Department of Psychiatry, School of Medicine, University of North Carolina at Chapel Hill. Ph.D. from Temple University in 1997. Ph.D. from Temple University in 1997. Special interests in forensic assessment, clinical supervision, multicultural training, intellectual disabilities, and neuropsychological rehabilitation.

Amy Leeper, Ph.D. Senior Psychologist. Ph.D. from University of South Carolina, 2009. Special interests in forensic assessment and malingering.

Matthew McNally, Ph.D. Senior Psychologist, Pretrial Evaluation Center. Ph.D. from West Virginia University, 2016. Special interests in forensic assessment, psychological testing, testifying in court, supervision of trainees, and didactic instruction.

Teri Wise, Ph.D. Senior Psychologist. Ph.D. from University of Central Florida, 2003. Special interests in neuropsychology, geropsychology, and psychological assessment.

Forensic Services Unit (FSU)

John Helminski, Psy.D. A.B.P.P. – Forensic Psychology. Chief Psychologist, FSU. Psy.D. from Antioch/New England Graduate School, 1991. Adjunct Assistant Professor, UNC-Chapel Hill Department of Psychology. Special interests in risk assessment, treatment of adults found incapable to proceed to trial, and treatment of NGRI patients.

Katherine Sunder, Psy.D. Senior Psychologist I. Psy.D. from Wright State University, 2015. Adjunct Assistant Professor, UNC-Chapel Hill Department of Psychology and Neuroscience. Special interests in forensic assessment, risk assessment of NGRI population, juvenile restoration/remediation services, and multicultural issues.

Michelle Barrett, Psy.D. Senior Psychologist I. Psy.D. from Antioch University, Santa Barbara, 2017. Special interests in treatment of adults found incapable to proceed to trial, treatment of NGRI populations, and ethnic disparities in mental health care and incarceration.

Geriatric Services Unit (GSU)

Laura Clark, Ph.D. A.B.P.P. – Geropsychology. See above description under Training Committee.

Kendra Corning PsyD. Senior Psychologist on GSU. PsyD from University of Indianapolis.

UNC Hospitals Main Hospital

Eileen Burker, Ph.D. Adjunct Associate Professor, Department of Psychiatry; Associate Professor, Allied Health Sciences, UNC Chapel Hill. Ph.D. from Auburn University, 1990. Special interests in psychosocial adjustment to lung and heart transplantation; appraisal, stress, and coping pre- and post-lung and heart transplantation; religiosity and spirituality as predictors of quality of life pre- and post transplant; cardiac and pulmonary rehabilitation.

Matthew Harris, Ph.D. A.B.P.P. – Neuropsychology. Clinical Assistant Professor, Department of Physical Medicine and Rehabilitation, UNC Chapel Hill. Ph.D. from Alliant International University San Francisco, 2012. Special interests in adult neuropsychology, epilepsy and dementia.

Karla Thompson, Ph.D. Clinical Assistant Professor, Department of Physical Medicine and Rehabilitation, UNC Chapel Hill; Ph.D. from University of South Florida, 1995. special interests in concussion/mild TBI, stroke, the neurocognitive aspects of cancer and cancer treatment, and modifiable risk factors for cognitive decline.

UNC Hospitals Child Outpatient Clinic-Raleigh campus

Pamela Burch, M.S.W. Social Worker. M.S.W. from UNC Chapel Hill School of Social Work, 1998. Clinical Instructor UNC School of Medicine Dept of Psychiatry. Special interests in teaching, clinical supervision, family and group work, anxiety disorders.

Echo Meyer, Ph.D. Assistant Professor, Department of Psychiatry, UNC Chapel Hill. Ph.D. from University of Massachusetts Boston, 2002.

Scott L. Schwartz, Ph.D. Clinical Professor, UNC-CH Department of Psychiatry, Child and Adolescent Outpatient Program. Ph.D. from UNC-Chapel Hill, 2002. Special interests in adolescence, multicultural issues, and personality assessment in children/adolescents.

POLICIES AND PROCEDURES

Administrative Assistance Policy

The Hospital Director assigns an administrative assistant to the Internship Program. This person assists the Internship in the following ways:

At the start of the training year:

1. Schedules orientation days for new interns;

2. Obtains photo IDs, office and hospital keys, and pagers for new interns;

3. Sets up accounts for access to computers, email, and other electronic resources.

During the training year:

1. Orders office supplies for interns;

3. Troubleshoots office equipment problems for interns;

4. Assists in scheduling interview days with internship applicants;

5. Maintains an accurate list of current faculty involved in internship;

6. Obtains brief c.v.s in current self-study format from all faculty involved in internship.

At the end of training year:

1. Collects photo IDs, office and hospital keys, and pagers from outgoing interns;

2. Terminates accounts for computer and email.

Maintenance of Records

The Internship will permanently retain accurate records for each intern from the start of internship, to allow for future reference, credentialing and licensing purposes. These records include:

1. Documentation of work hours;
2. Documentation of internship hours;
3. Rotation agreements;
4. Supervisor evaluations;
5. Certificate of internship completion;
6. Formal complaints and grievances filed by interns;
7. Any documents related to formal remediations or sanctions accrued during internship if required in accordance with our performance remediation policy;
8. Required communications with graduate programs;
9. All communications with licensing boards.

Records are securely stored within a cabinet in the Internship Director's office. All records will be transferred to future Internship Directors.

Interns Working from Home

It is the policy of the internship that interns are present on site (or at their assigned off site placement) for all of their assigned hours. Exceptions to this policy can be made in extraordinary circumstances.

In order to do any work at home that will count toward your internship, the intern will need to:

1. Demonstrate to their program coordinator a reasonable need to work from home rather than on-site (i.e. the program coordinator can disapprove the request);

2. Request this exception from every affected supervisor, for every affected day or partial day (i.e. supervisors can decline this request);

3. Agree with the supervisor on the exact work to be done (i.e. drafting a section of a specific report, making collateral phone calls, etc.). This should be work that the intern would have done if the intern were on site. This must be work for which the intern does not need immediate, on site supervision;

4. Agree with the supervisor on how the intern will be supervised for this work (i.e. by phone that day, adding supervision time later, incorporating this into the next supervision session, etc.)

5. Agree with the supervisor on a reasonable time frame for the work assigned;

6. Notify their program coordinator and internship director about the basis of the need to work form home, and the agreement with the supervisor, including the expected time frame;

7. Keep track of the work on the experience log and included on time sheet as hours worked.

Intern Evaluation Procedure

Specific expectations for each intern for each training site are identified through completion of the initial Rotation Agreement. This includes a narrative description of the expected experiences, as well as making explicit the responsibilities of both the intern and the supervisor, which facilitates an atmosphere of mutuality and openness in the supervisory relationship.

At the start of each training experience, each supervisor also completes Component Skills ratings for each component skill they intend to be part of their training. Component skills not expected to be part of that specific training experience are left blank. In discussion with the intern, the supervisor enters "start of year" ratings for each applicable component skill, and expected ratings for expected progress to be made toward independence at 6 months and end of year. The Rotation Agreement and initial Component skills ratings are reviewed by the intern's Program Coordinator the Training Committee, to insure that the expectations are realistic and are relevant to making progress toward independence in the skills leading to core competencies.

Continual monitoring and feedback should be a natural part of every interaction between intern and supervisor. If any problems arise which affect the intern's progress toward independence, the supervisor is expected to bring these up with the intern immediately and to recommend ways to address them informally. Alternatively, if the intern appears to be making faster progress than had been anticipated, the expectations and responsibilities can be adjusted on a continual basis within the context of the specific training rotation.

Formal evaluations are done in three ways. Supervisors rate the interns' component skills every 3 months, in order to document whether skill acquisition is at the expected rate. Supervisors also provide written (narrative) feedback at 6 and 12 months, describing the actual experiences (e.g. number of assessments), the interns' progress toward independence, and the quality of the supervisory experience. Finally, supervisors rate the interns using the Intern Professional Competencies form at 6 months and 12 months. This form provides feedback about the level of independence the intern displays in general professional skills that are not directly tied to specific clinical experiences. Supervisors are encouraged to submit this form at any time, if they rate any intern as "R" (needing remediation) on any of these competencies. Any time a supervisor rates an intern as "R" on any of these competencies this prompts a review by the Training Committee of whether the intern shows performance impairment, per the Due Process/Grievance policy.

Each Program Coordinator presents aggregated mid-year feedback for their assigned intern during a Training Committee meeting scheduled for that purpose. The Training Committee may recommend changes in the intern's goals or schedule to meet emerging needs, or to remediate if any problems have been identified. The internship has a range of options for adjusting expectations and remediation of identified problems, and offers interns additional resources to overcome deficits. The process is repeated for all interns in the final month of internship. The summary letter from the Internship Director to the intern's graduate training program will describe the intern's experiences and feedback for the full year, and clearly state that the intern did or did not satisfactorily complete the requirements of the internship.

Interns Providing Supervision

The Internship expects interns to demonstrate professional competency in supervision as referenced in the APA guidelines. Our model for the experiential learning of supervision is two-fold. First, through our didactic seminar series we teach the competency-based approach to clinical supervision as formulated by Falender & Shafranske (2004). This is accomplished by interns attending didactic seminars on supervision, and by directed readings on supervision.

Second, because the competency-based approach sees skill acquisition as heterogeneous and discontinuous rather than homogenous, we use a model of peer-supervision whereby interns with areas of greater competence (e.g. neuropsychological evaluation) will provide supervision to other psychology trainees (including other interns) with less competence in the identified area. This experiential supervision practice will be conducted under umbrella supervision where interns are being supervised on their supervision. Our supervision model is an example of science informed practice building on the research identifying competencies of good supervisors. A separate evaluation sheet labeled Intern Supervision Competencies is used to assess the each intern's competence in the area of supervision based on Borders & Leddick's (1987) comprehensive list of supervisor competencies. The procedure for meeting this expectation is as follows:

The Program Coordinator assists the Intern (Supervisor-in-Training) to find a "supervisee" match, either from among psychology practicum students, or another Intern.

The Intern (Supervisor-In-Training):

1. Identifies an area of relative strength (i.e., knowledge and skill base) among their clinical skills in which they feel they can provide competent supervision to a trainee less advanced in that area.

2. Develops a supervision contract with the supervisee by adapting the Rotation Agreement Form or developing their own, which specifies: the purpose of supervision; the goals of supervision linked to an assessment of supervisee's strengths/weaknesses and target areas for growth and development; the structure of supervision; his/her role in supervision; and the procedures to be followed in supervision (e.g. option of audio-taping supervision sessions).

3. Evaluates the supervisee's performance using the Component Skills Rating Form for the relevant skills, at the end of the supervision contract.

The Umbrella Supervisor (Supervisor of the Supervisor-in-Training):

1. Develops a supervision contract with the Supervisor-in-Training including the purpose of umbrella supervision; the goals of supervision linked to specific competencies in supervision on the Intern Supervision Competencies rating form; the structure of supervision; his/her role in supervision; and the procedures to be followed in supervision (e.g. use of audio-tapes, etc.)

2. Provides umbrella supervision of the Supervisor-in-Trainings supervision of the supervisee.

3. Guides the Supervisor-in-Training's self-evaluation using the Intern Supervision Competencies rating form.

4. Evaluates the Supervisor-in-Training using Intern Supervision Competencies rating form. This rating form is used to determine whether each intern has met the minimum achievement expectations in supervision.

References cited above:

Falender, C. A., & Shafranske, E. P. (2004). The practice of clinical supervision: A competency-based approach. Washington, DC: American Psychological Association.

Falender, C.A., Cornish, J.A., Goodyear, R., Hatcher, R., Kaslow, N.J., Leventhal, G., et al. (2004). Defining competencies in psychology supervision: A consensus statement. *Journal of Clinical Psychology*, 60(7), 771-787.

Borders, L. D. & Leddick, G. R. (1987). Handbook of counseling supervision. Alexandria, VA: Association for Counselor Education and Supervision.

Intern Selection Procedure

All training faculty are expected to participate in the internship recruitment and selection process. In practice, this means both reviewing applications and interviewing applicants.

Step 1: Review internship application materials; identify final pool for interviews.

The Internship Director reviews every application as it arrives, and removes marginal applications.

The Internship Director distributes applications that remain in the pool to the Program Coordinator for the applicant's focus area. The Internship Director distributes by email the CV, cover letter and AAPI forms, as well as the full printed application materials (all of the above plus transcripts and three letters of recommendation) to the Program Coordinator.

The Program Coordinator reviews every remaining application for their focus area, using the "Internship Written Application Review" form. The overall rating will be "Pursue", "High Keep", "Keep", "Low Keep" or "Cut" to reflect the extent to which the Program Coordinator recommends keeping the applicant in the pool to be interviewed.

If the Program Coordinator recommends an application be "Cut" from the pool, they will discuss this with the Internship Director to decide whether a second review should be requested. If not, the application will be considered cut from the pool.

For applications still in the pool, the Program Coordinator selects at minimum one additional faculty to review the application (this can include the Internship Director). Ideally the second faculty will be from the focus area or from a likely "minor" interest for the applicant. The Program Coordinator provides the electronic and written materials to the second reviewer for each application, without informing the second reviewer of their own recommendations.

Second reviewers use the "Internship Written Application Review" form, and email this to the Program Coordinator and Internship Director. If the second reviewer's overall rating differs by more than one category from the rating given by the Program Coordinator, the Program Coordinator requests a third reviewer for the application, again, blind to the first two reviews.

The application deadline is November 15. Afterward the Training Committee meets to review all the remaining applications and determines any additional "cuts." All folders must be returned to the Program Coordinator for the applicant's identified focus area before this meeting.

The final pool will be those who are invited for on site interviews. Those applicants who are not offered on site interviews are informed that they are no longer being considered for ranking, so they can focus their attention on other internship sites.

By December 15, the Internship Director notifies all applicants that they are either 1) no longer being considered for ranking by the Internship, or 2) being offered an on site interview.

Step 2: Select Interview dates; Set master interview schedule

The Training Committee identifies four full days in January to accommodate the usual 40 to 60 applicants who accept an on-site interview. These have typically included Tuesday and Friday of one week, and Monday – Thursday of a contiguous week. The spread of days maximizes the chance that applicants will find a date that fits their overall interviewing schedule.

The Internship Director asks all applicants to rank their preferences for the four interview dates. When travel to NC is not feasible for an applicant, phone interviews with the Internship Director and two other faculty will be arranged as a substitute.

The Internship Director asks all training faculty to commit to a sufficient block of time to be available for interviewing across the interview days. Within the constraints of availability of faculty for interviews, the Internship Director offers each applicant the interview day that they have identified as most preferable.

The Internship Director creates a master interview schedule for each interview day. The Training Committee has determined that three interviews per applicant is the goal. Each applicant is interviewed by the Program Coordinator for their focus area, one other faculty from their focus area, and usually a third interview with a faculty from a likely minor interest.

Depending on volume of interviews and interests of applicants, the final schedule for some faculty will be fuller than for others. It is essential that time slots faculty have made available are kept open by faculty until the final applicant schedules are completed. This is usually not done until shortly before the interviews begin because of last minute changes.

Step 3: Interview applicants

Interviews are scheduled for 1 hour. This allows enough time for faculty to get the applicant from the waiting area and bring them to their office or another convenient interviewing space. After the interview, the faculty will bring the applicant back to the waiting area. Faculty may provide an observation experience in addition to the interview, if it is feasible given the schedule. At times, lack of faculty availability makes it necessary to schedule all three interviews in a two hour time frame.

All interviews, face to face or on the phone, are conducted in accordance with the most recent version of APPIC policy for contact with applicants. Interviewers are careful not to provide any information about an applicant's ranking, or to request any ranking information from the applicant. Violation of this policy could result in sanctions from APPIC and eventually risk our accreditation with APA. The most recent version of the policy is found at http://www.appic.org/

All interviewers complete an "Internship Interview Feedback" form as soon as possible after the interview. These are sent to the Program Coordinator and Internship Director.

There are no faculty present during the lunch and group interview with the current interns. The purpose of this is to benefit the applicants by having access to the current trainees in a more relaxed atmosphere. Current trainees do not do individual interviews, and they do not review applications or give any feedback to the program about applicants.

Step 3: Rank applicants and submit rankings to National Matching Services

In the week following the completion of interviews, the Training Committee meets to review all applications. The four ranking lists, one for each focus area, are approved by the Committee.

A fifth ranking list ("reversion list") is composed of applicants that the Program Coordinator for each focus area would consider having as a second intern in their focus area, in the event that one of the other focus areas does not Match to any applicant. The Program Coordinator for each focus area can elect not to have any of their applicants on this list, in other words, not to have any chance of having a second intern in their focus area.

The Internship Director submits the ranking lists to National Matching Services (NMS) by fax; multiple lists per site require faxed communication and can't be entered on-line. The Internship Director is responsible for confirming the lists with NMS after entry.

Step 4: Contact matched applicants; Offer Letter

The results of the National Match are sent to the Internship Director on Match Day.

The Internship Director contacts each of the applicants following the Match to confirm their acceptance of the results of the Match.

The Internship Director confirms the internship's compliance with the Match agreement by providing each matched intern with a formal Offer Letter.

Step 5: Unfilled positions in the Match

By using the "reversion list" the internship attempts to fill any possible positions that might otherwise have gone unfilled, with applicants we have already interviewed and ranked. If any intern slot still remains unfilled after the Match, the Training Committee meets to determine whether to pursue filling positions via the Match II, or whether to leave a position unfilled.

Internship Hours

Interns maintain a log of their internship hours throughout the year. The logging of internship hours serves several purposes. First, it helps to document that the intern will accumulate total internship hours that are the equivalent of a 12 month full time training experience. The log also serves to verify that the distribution of the intern's experiences are consistent with expectations. The log also serves to identify whether an intern is being overburdened by work. Finally, the logging of internship hours helps to insure that interns are accumulating sufficient experience to meet the minimum standards for achievement in the core competency areas.

Total Internship Hours

The internship is a full-time 12 month clinical training experience. Interns are not assigned specific duties on weekends or after hours. Full time means 8 hours per day and 40 hours per week, and 12 months means 52 weeks, so the total possible hours would be 2080. The Internship offers generous leave time of 12 state holidays and 19 personal leave days to help interns manage stress and balance their personal and professional lives. This totals 248 hours of leave. Because interns are expected to use all of their leave, interns will accumulate 1832 hours of internship (2080 – 248) by working full-time for 12 months. Therefore, 1832 hours is the minimum number of hours required for completion of a full time 12 month internship.

At the start of the training year, interns are advised that licensure laws differ across jurisdictions in the minimum hours required for the internship year. Interns are encouraged to look into the specific licensure laws where they hope to practice. The most stringent jurisdictions require 2000 total internship hours, and some interns to wish to accumulate 2000 internship hours.

The internship does not offer the option of reducing leave time or working more than 52 weeks in order to accumulate more internship hours. On the other hand, it is typical for interns to spend some time outside normal work hours, usually for report writing or professional development directly related to internship (e.g. reading an article suggested by a supervisor). Assuming that the work is directly related to internship duties, the Internship does consider these to be part of the internship hours. By logging these actual internship hours, it is possible for an intern to log more than 40 hours per week and therefore to accumulate 2000 internship hours.

If an intern accumulates more than 1832 internship hours in less than 12 months, this does not constitute completion of the internship. The internship is not completed until the intern has completed the full 12 month period. Interns are not required to be physically present on the last day of internship, depending on how they used their leave time.

The internship offers the option of working longer than 52 weeks in order to meet the minimum internship hours only in extraordinary circumstances such a need for leave time beyond 248 hours due to prolonged illness, pregnancy or other family emergency. In such a case, the intern must make the request formally in writing and the request must be reviewed and approved by the Training Committee. Another extraordinary circumstance would be if the intern had a performance impairment requiring formal remediation, and the remediation plan included

reducing them to less than full time (see Performance Impairment policy). Both APA guidelines and most licensure laws require that an Internship be completed in no more than 24 months.

Leave time

A formal request for anticipated leave time is not required. Interns are not required to differentiate between the types of leave. Personal leave is used at the interns' discretion, as long as it does not compromise their specific responsibilities on the day of the leave. When a leave day is anticipated, the intern is expected to discuss this ahead of time with all of the supervisors affected. Since interns do not "cover" critical duties independently from their supervisors, this should not be a significant barrier to using discretionary leave days. When a leave day is not anticipated (e.g. sick time) the intern is expected to contact all affected supervisors as soon as possible during that day. Interns are permitted to use up to 2 weeks of accumulated leave time during the last 4 weeks of internship. Any additional leave time should be taken prior to the last 4 weeks of the internship year.

Interns' use of up to 10% time for research or professional development

All interns may take up to 10% time (4 hours per week) for research/professional development. This time is not required. This is offered as an optional benefit intended to support an intern's ongoing development as a Scientist-Practitioner. This benefit is intended to include a broad range of professional development activities. The following are examples and not an exhaustive list:

work on the intern's dissertation or doctoral project;

work on any other research project, within the hospital or with the intern's doctoral program;

writing completed research for intended publication;

preparing a professional presentation to be done at the hospital or at a conference;

studying for the licensure exam;

reading scholarly articles or books.

At any point during the training year, the intern who wishes to use this time will inform their program coordinator in writing that they plan to use this time, with a brief description of what they plan to do.

Depending on what the intern plans to with these hours, being physically present at the hospital during these hours may not be required.

Although these optional hours do not accumulate, because some professional development activities are more reasonably accomplished in full days, an intern can make a written request to their program coordinator for approval in which they can flex this time to take up to 2 full days in a row in any 4 week period.

Minimum Achievement Expectations

In order to be consistent with APA guidelines, all interns must meet a minimum standard of achievement in all core competency areas by the end of internship. The intern and program coordinator create a training schedule to insure that these minimum expectations will be met. The program coordinator monitors the intern's progress to insure that the intern is on track for meeting the minimum expectations. If not, the Training Committee can recommend modifications to the interns' training schedule to enable the intern to meet these minimum expectations. There are several methods used to establish whether interns have met the minimum standards by the end of internship.

1. Treatment, Assessment, Specialty Population core competencies [Component Skills Rating form]

Component skills are dependent on specific populations and training experiences and are therefore highly varied. For example, provision of specific forms of treatment are component skills for the Treatment core competency and interpretation of specific assessment measures are component skills for the Assessment core competency. Each specialty population has specific associated component skills. Expectations for the rate of skill development are set at the start of each training experience to take into account the typical variation in intern's skill acquisition prior to internship an during internship. Interns' progress toward acquiring component skills during internship is measured by supervisor ratings at 3 months, 6 months, 9 months and 12 months. Consistent with APA requirements, the program sets a specific numerical minimum for achievement for each overall category of component skills as an average rating of 4 (competent in this skill with infrequent supervision) by all supervisors at the 12 month rating period.

2. Professional Competencies [Intern Professional Competencies form]

Each intern is also rated on their level of achievement in professional competencies which are not dependent on specific populations or training experiences: ethics; use of supervision; professional interactions; autonomy; coping strategies; rapport with patients; sensitivity to patient diversity; awareness of own cultural and ethnic background; time management; communication skills; consultation skills; and integration of science and practice. These ratings are done by each supervisor at 6 months and 12 months. The rating scale ranges from "A: Advanced" which would be comparable to autonomous practice at the licensure level, to "R: Remedial" meaning that remediation is needed to help the intern achieve the minimum standards required for completion. Consistent with APA requirements, the program sets specific numerical minimums for achievement as an average rating of HI (High Intermediate, meaning competent in this skill with infrequent supervision) by supervisors at the 12 month rating period.

3. Competency in provision of supervision [Intern Supervision Competencies rating form]

In accordance with APA guidelines, each intern will demonstrate competency in provision of supervision (see "Interns Providing Supervision Policy and Procedure" for methodology.) This competency is measured by feedback from the umbrella supervisor (i.e. the supervisor of supervision). Consistent with APA requirements, the program also sets specific numerical minimums for achievement in supervision, specifically an average rating of 4 (competent in this skill with infrequent supervision) on conceptual skills and knowledge of supervision, and an average rating of 3 (competent in this skill with frequent supervision) on direct supervision skills and human skills related to supervision.

4. Minimum number of assessments and treatment hours

Each intern is expected to complete a minimum of 12 assessments across the year. This can be met by any form of assessment. Each intern is expected to complete a minimum of 100 hours of face to face treatment across the year. This can be met by any treatment method.

Off-Site Training

The Psychology Internship provides required didactic experiences for all interns that are intended to meet both the minimum didactic hours set out in the APA guidelines, and to address the professional competencies referenced in the APA guidelines.

The Training Committee supports interns' motivation to enhance their professional development beyond the required didactic experiences. The Training Committee agrees that some off-site training can meaningfully enhance an intern's overall training goals.

Given this, Interns may request that the Training Committee consider an off-site training experience to be counted as part of their internship year. The Training Committee will decide on a case by case basis, but the criteria for approval in general would be as follows:

1. The Intern has not exhausted their leave time;

2. The Intern makes the request in writing to the Program Coordinator;

3. The Program Coordinator verifies with the current supervisors that the Intern is meeting all training goals;

4. The Program Coordinator verifies with the current supervisors that the requested off site training does not interfere with the Intern's assigned duties;

5. The Intern provides evidence that the specific training experience is relevant to their training goals.

After consideration of the above, the Training Committee may decide to allow the Intern to count up to 2 days of off-site training toward internship hours for the entire year.

The Committee's decision will be provided to the Intern in writing in a timely manner.

The Intern will enter the approved hours in the experience log as "didactic" hours on the date they were at the off-site training.

Nothing in this policy should be construed as discouraging interns from using personal leave time to pursue any form of professional development at their own discretion. This policy only applies to when such off site training can be considered part of the internship.

On Site Supervision

It is the policy of the Internship that the supervisor is present on-site each day that the intern is assigned to them, in order to be available for both scheduled and unscheduled supervision.

If a supervisor cannot be present as expected due to an unforeseen circumstance, the supervisor will inform the intern as soon as possible. If a supervisor plans for time off, they will inform the intern as soon as possible.

It is the supervisor's responsibility to identify a backup on-site supervisor for the intern for the period in which the primary supervisor will not be present.

Interns are not required to "cover" critical duties when their supervisor is not present.

Interns are not required to be present after hours or on weekends, whether their supervisor is present on-site or not. Interns and supervisors are given the same 11 state holidays.

An intern may make a formal request in writing to work on-site on a specific holiday or weekend. It must be clear that the intern has not been pressured to do so by a supervisor or by service demands. The intern should explain how their presence on site on a weekend or holiday is consistent with their training goals, and the intern must identify a supervisor who will conduct "as needed" supervision by phone on that day. The intern may not conduct patient contact activities on weekends or holidays. The intern may conduct other internship duties (e.g. readings, report writing) that do not require an on-site supervisor. If the Training Committee approves this request, the intern should log the time appropriately as internship hours on the experience log.

Policy on Nondiscrimination

The Internship subscribes to the policy of the State of North Carolina regarding equal opportunities for employment and advancement. It is the policy of the State of North Carolina that neither race, religion, color, creed, national origin, sex, age, political affiliation, nor handicapping condition is to be considered in the:

Recruitment and selection of new employees of the State

Selection of employees for promotion, training, career development, transfer, demotion for fiscal purposes, and/or reduction-in-force

Administration of disciplinary policies or termination for cause, and

Establishment of rates of pay including the awarding of salary adjustments and/or annual salary increases

Equal employment opportunity for persons with handicapping conditions includes the making of a reasonable accommodation to the known physical limitations of a qualified handicapped applicant or employee who would be able to perform the essential duties of the job if such accommodation is made. This may include: making facilities used by employees readily accessible to and usable by such person; job restructuring (reassigning non-essential duties and/or using part-time or modified work schedules); acquisition or modification of equipment or devices; provision of readers or interpreters; and/or other similar actions. Agencies are required to make such adjustments for the known limitations of otherwise qualified handicapped applicants and employees, unless it can be demonstrated that a particular adjustment or alteration would impose an undue hardship on the operation of the agency.

In addition to the above policy and the State laws (G.S. 126 and G.S. 168), the Civil Rights Act of 1964 has been revised to include State and local governments. The general provisions of the Federal law are under Statutory Provisions.

The Internship welcomes applications from members of racial or other minority groups, as well as applications from interns with handicapping conditions. Applicants will be accepted for training without respect to race or other minority-group membership, and without respect to handicapping conditions for which reasonable accommodations are possible given the essential duties.

Performance Impairment, Remediation, Grievance

The Internship provides interns and faculty with clear guidelines for identifying and remediating problems in intern performance. Due process is employed to insure that decisions about interns are not arbitrary, personally based, or discriminatory. Due process requires that interns are informed of the basis for decisions, the process for disputing decisions, and the process for appealing decisions to a governing body if the dispute cannot be resolved.

Interns are provided with all policies, including this policy, at the start of the internship year. This policy specifies the process for decisions made by the Internship, for formal remediation plans, and for interns to dispute or appeal decisions. Decisions are made with input from many sources and are documented and communicated to all relevant parties. Interns are provided with instruction on how to appeal decisions and sufficient time to do so.

A. Definition of Intern Performance Problems

Intern performance problems are defined as any behaviors or attitudes resulting in impaired professional functioning. Typically, these will involve an inability and/or unwillingness to acquire and integrate professional standards into professional behavior; and/or to acquire professional skills to reach an acceptable level of competency; and/or to contain or seek treatment for stress or psychological dysfunction.

Any intern may exhibit problems requiring remediation but which do not rise to the level of being a serious professional impairment. Most such problems reflect a skill deficit which can be rectified by academic or didactic training. This type of remediation will be referred to as “informal remediation” in the rest of this document.

Some intern problems do cause a serious performance impairment. This can occur when:

1) the intern does not acknowledge, understand, or address the problem when it is identified; and/or
2) the quality of services delivered by the intern is sufficiently negatively affected; and/or
3) the problem is not restricted to one area of professional functioning; and/or
4) a disproportionate amount of attention by training faculty is required; and/or
5) the intern's behavior does not change as a function of feedback, informal remediation, or time.

When an intern problem is identified as a creating a performance impairment, the Internship will create a formal remediation plan and/or a sanction according to this policy.

B. Identifying, Notifying and Responding to Intern Performance Problems

There are two ways in which a potential performance problem may be identified: an intern receives a rating of "R” (i.e. “Remediation”) from any supervisor on the “Intern Professional Competencies” form; or any person raises serious concerns about an intern's behavior, including ethical or legal violations and professional incompetence.

1) The person who raised a concern about a possible performance problem in an intern will discuss the concern with the Program Coordinator and the Internship Director.

If the Internship Director and Program Coordinator determine that the alleged behavior <u>would not or does not</u> constitute a serious professional impairment, the Program Coordinator will:

a) provide the intern with verbal notification and discuss informal remediation;

b) keep no record of this concern.

If the Internship Director and Program Coordinator determine that the alleged behavior, if proven, would constitute a serious professional impairment, the Internship Director will:

a) inform the person who raised the concern;

b) discuss possible formal remediation/sanctions in the full Training Committee; and

c) bring the formal remediation/sanction plan to the Psychology Director for review.

Once a decision regarding remediation has been reached, the Internship Director will inform the intern in writing, and will meet with the intern and Program Coordinator to review the decision.

If the intern accepts the decision, any formal action taken by the Internship may be communicated in writing to the intern's graduate training program. This notification will indicate the nature of the concern and the specific remediation or sanctions to be applied.

The procedure for challenging these decisions is presented in section E.

C. Formal Remediation or Sanction

In implementing formal remediation or sanction, the faculty must balance the needs of the intern, the affected patients, the intern training group, the faculty, and other agency personnel. When a performance problem requires formal remediation or sanction, the plan may include any of the following actions.

1) Written acknowledgment of the problem, in a letter from the Internship Director that:
   a) describes the problem behavior;
   b) indicates that the Training Committee will work with the intern to rectify the problem;
   c) indicates that the problem is not significant enough to warrant more serious action.

The letter will be removed from the intern's file when the intern responds to the concerns and successfully completes the internship.

2) Written warning from the Internship, in a letter from the Internship Director that:
   a) describes the problem behavior;
   b) instructs the intern to discontinue the problem behavior;
   c) describes the actions needed by the intern to correct the problem behavior;
   d) provides a time frame for correcting the problem behavior;
   e) describes what action will be taken if the problem behavior is not corrected;
   f) notifies that the intern has the right to appeal this action.

The letter will be kept in the intern's file during the training year. The Internship Director may remove the letter from the file once the intern successfully completes the internship. If the letter remains in the file, the file will also contain the position statements of the parties involved in the dispute.

3) Training Schedule Modification

This is an accommodation made to assist the intern in responding to personal reactions to stress. It will include a specific formal remediation plan that is time-limited and overseen by the Internship Director. The intent is to return the intern to a more fully functioning state, with the full expectation that the intern will satisfactorily complete the internship.

Modifications may include a combination of:

a) increasing the amount of supervision, either with the same or other supervisors;

b) change in the format, emphasis, and/or focus of supervision;
c) recommending personal therapy;
d) reducing the intern's clinical or other workload;
e) requiring specific academic coursework.

The length of a schedule modification period will be determined by the Internship Director in consultation with the Program Coordinator and the Psychology Director. The termination of the schedule modification period will be determined, after discussions with the intern, by the Internship Director in consultation with the Program Coordinator and the Psychology Director.

4) Probation

This is a time limited, remediation-oriented, closely supervised training period, with the intent of assessing whether the intern will be able to complete the internship. The Internship Director systematically monitors for a specific length of time the degree to which the intern addresses, changes and/or otherwise improves the identified problem behavior.

The intern is informed of the probation in a written statement which includes:

a) the specific problem behaviors;
b) the remediation plan for rectifying the problem;
c) the time frame for the probation during which the problem is expected to be ameliorated;
d) the procedures to ascertain whether the problem has been appropriately rectified.

5) Review of Formal Remediation Plan

If the Internship Director determines that there has not been sufficient improvement in the intern's behavior to remove the Probation or modified schedule, then the Internship Director will discuss with the Program Coordinator and the Psychology Director possible courses of action to be taken.

The Internship Director will communicate in writing to the intern that the conditions for revoking the probation or modified schedule have not been met. This notice will include the course of action the Internship Director has decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of an alternative plan.

The Internship Director will communicate to the intern’s graduate program that if the intern's behavior does not change, the intern will not successfully complete the internship.

6) Suspension

For suspension to be invoked requires that the Internship Director, in consultation with the Program Coordinator and Psychology Director, determine that the welfare of patients or clients has been jeopardized by the intern.

Direct service activities will be suspended for a specified period as determined by the Internship Director in consultation with the Program Coordinator and Psychology Director.

At the end of the suspension period, the intern's Program Coordinator in consultation with the Internship Director will assess the intern's capacity for effective functioning and determine when direct service can be resumed.

If suspension interferes with the successful completion of the training hours needed for completion of the internship, this will be noted in the intern's file and the intern's academic program will be informed. The

Internship Director will inform the intern of the effect the suspension will have on the intern's stipend and accrual of benefits.

7) Administrative Leave

Administrative leave is temporary withdrawal of responsibilities and privileges. This is an option in cases of severe violations of the APA Code of Ethics, when the intern poses a risk of physical or psychological harm to a patient or client, or the intern is unable to function adequately with a modified schedule or probation period due to physical, mental or emotional illness.

If Administrative Leave interferes with the successful completion of the training hours needed for completion of the internship, this will be noted in the intern's file and the intern's academic program will be informed. The Internship Director will inform the intern of the effects the Administrative Leave will have on the intern's stipend and accrual of benefits.

8) Dismissal

When specific interventions do not, after a reasonable time period, rectify the impairment and the trainee seems unable or unwilling to alter her/his behavior, the Internship Director will discuss with the Director the possibility of dismissal from the training program.

Dismissal is also an option in cases of severe violations of the APA Code of Ethics, when the intern poses a risk of physical or psychological harm to a patient or client, or the intern is unable to complete the internship due to physical, mental or emotional illness.

When an intern has been dismissed, the Internship Director will communicate to the intern's academic department that the intern has not successfully completed the internship.

D. Supervisor Performance Problems

Supervisors may also experience performance problems. Most of the time, these do not rise to the level of being a serious professional impairment. Some examples might be poor quality of supervision, lack of supervisor availability, evaluations are perceived as unfair, excessive workload, or simple personality clashes. It is also possible for a supervisor to exhibit behavior that does constitute serious professional impairment. Some examples might be sexually inappropriate behavior with interns or patients, threatening or assaultive behavior, or coming to work intoxicated.

If an intern encounters any problem with a supervisor, the intern should discuss their concern with their Program Coordinator, or if the Program Coordinator is not available, with the Internship Director.

1. If the Program Coordinator or Internship Director determines that the alleged behavior <u>would not or does not</u> constitute a serious professional impairment, they will:
    a. Ask the intern if they prefer to be reassigned to a different supervisor, and if so, bring this request to Training Committee for action;
    b. Discuss informal resolution of the problem with the faculty involved.
2. If the Program Coordinator or Internship Director determines that the alleged behavior, if proven, <u>would</u> constitute a serious professional impairment, they will:
    a. Inform the Psychology Director, who will follow Office of State Personnel guidelines covering the supervisor performance;
    b. Reassign the intern to an alternative supervisor immediately;
    c. Bring to Training Committee a request to revise the intern’s training schedule if necessary to avoid further contact with the supervisor.
3. If the Intern disagrees with the decision of the Program Coordinator or Internship Director regarding the seriousness of the behavior, the intern can raise the concern directly with the Psychology Director for another review.

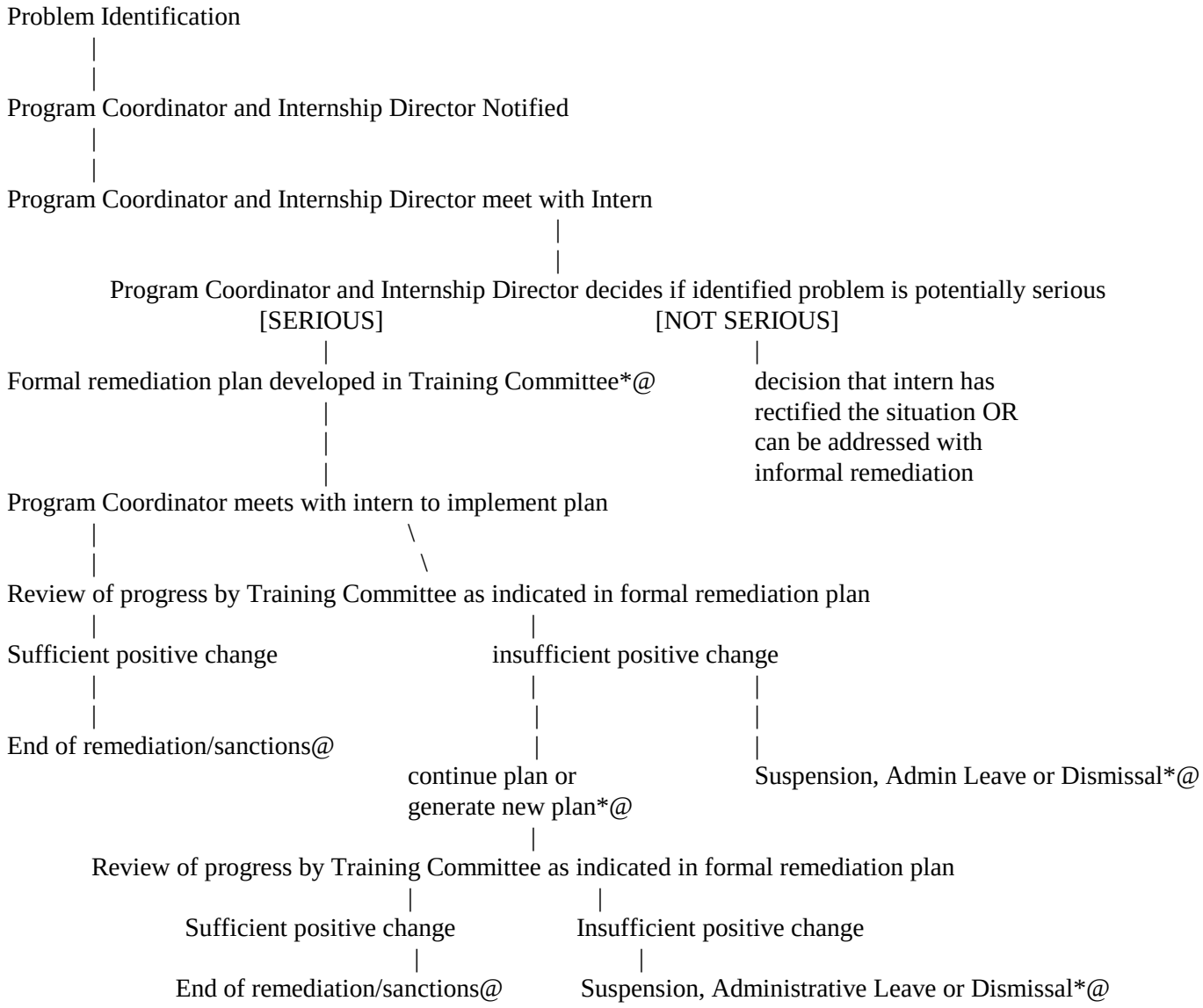
4. If the above steps fail to resolve the problem, the Intern may file a formal grievance.

E. Grievance Procedure

Decisions of the Training Committee may be challenged via a formal grievance. This is a complaint in writing, including all supporting documents, filed with the Internship Director.

a) Within three (3) working days of receiving a formal grievance, the Internship Director will inform the Hospital Director, who will convene a Review Panel;
b) The Review Panel will consist of three (3) psychology faculty selected by the Hospital Director with recommendations from the Internship Director and the intern involved.
c) Within five (5) working days, the Review Panel will hold a hearing in which the challenge is heard and relevant material presented. In this hearing the intern has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.
d) Within three (3) working days of the Review Hearing, the Review Panel will submit a written report to the Hospital Director, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.
e) Within three (3) working days of receipt of the recommendation, the Hospital Director will either accept or reject the Review Panel's recommendations.
f) If the Hospital Director rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the Director may refer the matter back to the Review Panel for further deliberation and revised recommendations.
g) If referred back to the Panel, they will report back to the Hospital Director within five (5) working days of the receipt of the Hospital Director's request of further deliberation.
h) The Hospital Director then makes a final decision regarding what action is to be taken.
i) The Internship Director informs the intern, staff members involved and if necessary members of the training staff of the decision and any action taken or to be taken.

Remediation Flow Chart



*intern may challenge at this time with formal grievance

@as appropriate, inform graduate program

INTERNSHIP PROGRAM TABLES

Date Program Tables are updated:__8/31/19_____

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:

See Intern Selection Procedure, page 23 in this manual.

Does the program require that applicants have received a minimum number of hours of the following at time of application? Yes

Total Direct Contact Intervention Hours	Y	Amount 450
Total Direct Contact Assessment Hours	Y	Amount 50

Describe any other required minimum criteria used to screen applicants:

Doctoral candidates in APA-approved or CPA approved clinical psychology programs; APA-approved or CPA-approved school psychology programs are accepted for the Child-Youth focus area. Must be in the third year of doctoral program or later. If the doctoral program requires comprehensive exams, applicants must have passed prior to the application deadline. U.S. citizenship is not required, but non-citizen applicants will be required to demonstrate eligibility to work within 3 days of the start date by completing form I-9 (Employment Eligibility Verification, Department of Homeland Security).

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns:	$27,480.
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 (100%)
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)**	0

Hours of Annual Paid Sick Leave:**	0
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):	Up to 10% time per week can be used for research/professional development and counted as internship hours.

*Health insurance is not provided. Because interns are full time employees, they are eligible to purchase health insurance individually through the State Health plan.

**Interns are required <u>not</u> to work on 12 state holidays and to take 19 unpaid personal leave days. Interns may use personal leave hours as sick time or vacation.

Initial Post-Internship Positions

An Aggregated Tally for the Preceding 3 Cohorts **2015-2018**

Total # of interns who were in the 3 cohorts: **12**

Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree: **0**

	PD	EP
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center	1	
Military health center		
Academic health center	3	
Other medical center or hospital		
Psychiatric hospital	3	3
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting		1
Not currently employed		
Changed to another field		
Other	1	
Unknown		

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.