

Broughton Hospital

Morganton, North Carolina

2027-2028

Doctoral Internship in Clinical Psychology Brochure



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Broughton Hospital Doctoral Psychology Internship Handbook of Policies and Procedures

Overview

Broughton Hospital is a psychiatric facility operated by the North Carolina Department of Health and Human Services Division of Mental Health, Developmental Disabilities, and Substance Use Services. The Doctoral Psychology Internship at Broughton Hospital trains pre-doctoral level interns to provide psychological services using evidence-based practices in an inpatient psychiatric setting with adults and adolescents. The program has been accredited by the American Psychological Association's Commission on Accreditation since 1980. Interns will gain extensive experience working with patients who are diagnosed with a severe and persistent mental illness through three major rotations and a year-long minor rotation. Areas of service that interns have the opportunity to train in include Adult Admission Services, Community Transition Units, Adolescent Services, Geriatric Services, Deaf Services, Medical Services, and Pre-trial Forensic patients. The internship program begins on July 1 and ends on June 30 of the following year. Interns are paid \$18.75 per hour with an opportunity to earn \$37,500.

Broughton Hospital is one of three state-operated psychiatric hospitals, and serves the 37 counties of western North Carolina, including both rural and urban areas such as Charlotte and Asheville. This area serves people of diverse cultures including Appalachian, Cherokee, Latino, Deaf, and Hmong populations. The hospital has capacity for more than 275 patients and employs over 1000 staff. Broughton Hospital embraces the recovery model for treatment. This treatment model emphasizes that recovery is grounded in respect, is holistic, is culturally influenced, addresses trauma, and empowers the individual to actively achieve their best life.

Training Model and Philosophy

The Broughton internship program trains interns to provide a broad array of psychological services within a state psychiatric hospital through a *practitioner-scholar model*. The practitioner-scholar model emphasizes the *experiential* training interns receive which is based on *evidence-based practices* and clinical *research*. This model assures that interns can gain general clinical skills in assessment and treatment and demonstrate professional development. This development of knowledge and skills empowers interns to work with the severely and persistently mentally ill population through rotations on available acute, long-term, geriatric, adolescent, and Deaf units.

Over the course of the training year, interns learn how to function as a psychologist on a unit within the hospital setting. Additionally, interns work with a variety of patient populations to gain in-depth clinical experience. The program also emphasizes professional growth and development as interns shift from graduate students to entry-level professionals.

Commitment to Provision of High-Quality Compassionate Services

The Psychology Department at Broughton Hospital is guided by a philosophy of compassionate concern for the whole person, recognition of dignity and worth of every person served, and that psychologists participate in the instillation of hope through the principles of recovery and wellness. Our psychology staff, and interns, assist patients by delivering competent, respectful, professional mental health services that address the unique treatment needs of each individual patient.

Commitment to Cultural Humility

The Psychology Department at Broughton Hospital and the Doctoral Clinical Psychology Program endeavors to assist individuals with psychological problems to function as independently as possible in the least restrictive setting. Training, supervision, provision of services, and professional growth and development are all facilitated with the belief that individual cultural variables should be honored and respected with commitment to cultural humility. Additionally, our program believes in allyship, advocacy, and support. We challenge the status quo and commit to learning, growing, and respecting the value of each patient, peer, colleague, and employee.

Core Competencies

Each intern is expected to demonstrate a minimum level of achievement with regards to core competencies by the year's end. In order to meet these training goals, the internship program provides experiential and didactic training. Interns are also expected to integrate scholarly knowledge, cultural humility, evidence-based practices, and knowledge of the APA Ethical Principles and Code of Conduct throughout all learning activities over the course of the year in order to develop strong generalist skills as entry-level professionals.

By the end of the training year, interns will develop skills commensurate with entry-level practice in the following competencies:

I. Research Competency

- a. Displays critical scientific thinking
- b. Uses scientific literature
- c. Implements scientific methods

Interns demonstrate this competency by showing scientific curiosity, questioning assumptions, discussing and applying scientific literature, collaborating with others in developing scientific questions and collecting data, and articulating results to a wide and varied audience. Interns are encouraged to apply research and science skills to case conceptualizations, treatment planning, assessment, and therapy. Throughout both the major and minor rotations, interns use the practitioner-scholar model to foster the

integration of research as an essential daily professional function. Didactic seminars presented throughout the internship year utilize research and professional information to encourage research competency.

II. Ethical and Legal Standards Competency

- a. Demonstrates awareness of ethical and legal standards applicable to Health Service Psychology practice, training, and research
- b. Recognizes and manages ethical and legal issues in Health Service Psychology practice, training, and research
- c. Adheres to the APA Ethical Principles and Code of Conduct

Interns demonstrate this competency by showing awareness of laws, rules, and regulations from the institutional level to the federal/international level. Interns are expected to be able to articulate their own ethical values and priorities, promote fairness, and respect the dignity and worth of others. The training program adheres to the APA Ethical Principles of Psychologists and Code of Conduct. Other codes of ethics that apply to specialized areas such as the practice of forensics are upheld. Didactic seminars scheduled early in the training year set the expectation for ethical behavior and begin the dialogue about ethical practice. The interns are encouraged early in the year to embrace using supervision and consultation on any and all ethical and legal issues. They also process ethical situations and concerns in the context of individual and group supervision. Interns also address ethical concerns in their case presentations.

III. Individual and Cultural Diversity Competency

- a. Demonstrates awareness of diversity and its influence
- b. Develops effective relationships with culturally diverse individuals, families, and groups
- c. Applies knowledge of individual and cultural diversity in practice
- d. Pursues professional development about individual and cultural diversity

Interns demonstrate this competency by identifying various dimensions and individual and cultural diversity, recognizing the complexities inherent in intersectionality, and recognizing and addressing the disparities in access to services or other forms of discrimination. Interns are expected to develop these skills in their case conceptualizations, therapeutic interactions, and assessments as they progress through the year. Awareness of the clinician's biases and the impact of their cultural and personal backgrounds in the delivery of services is fostered during individual and group supervision. The consideration of the impact of individual and cultural differences is a required element in the case presentations. Additionally, cultural issues and cultural humility is an ongoing discussion in didactic seminars.

IV. Professional Values and Attitudes Competency

- a. Displays professional behavior
- b. Engages in self-reflection and self-assessment
- c. Demonstrates accountability
- d. Demonstrates professional identity
- e. Engages in the self-care essential for functioning effectively as a psychologist

Interns demonstrate this competency by demonstrating appropriate self-care, being open and responsive to feedback, demonstrating emerging leadership skills, and using sound judgment in increasingly complex situations. The training program facilitates interns' abilities to ethically and effectively understand, practice, and problem-solve in an interdisciplinary setting. They develop a working knowledge of various systems-level issues that can affect service provision as they prepare to function as a unit psychologist or in the community setting. This includes providing consultation to other professionals such as in a multidisciplinary team setting and managing the professional boundaries in these relationships.

V. Communication and Interpersonal Skills

- a. Communicates effectively
- b. Forms positive relationships with others
- c. Manages complex interpersonal situations
- d. Demonstrates self-awareness as a professional

Interns demonstrate this competency by producing and comprehending written work that is organized and well-integrated, by interacting in an honest and straight-forward manner, allowing and tolerating others' feelings and attitudes, and by recognizing how others experience them and the impact of self on others. An important aspect of professional development is the ability to communicate with other service providers who have different skill sets and approaches. This skill of developing interdisciplinary, professional relationships and communicating clearly in writing and verbally are fostered in the process of participating in treatment teams, rounds, written reports, consultation and presentations. To foster the development of professional identity, the program encourages dialogue and consultation between interns and psychologists both in the department as well as in the surrounding community.

VI. Assessment Competency

- a. Conducts clinical interviews
- b. Appropriately selects and applies evidence-based assessment methods
- c. Collects and integrates data
- d. Summarizes and reports data

Interns demonstrate this competency by quickly establishing rapport with individuals being assessed, administering assessment methods and tools accurately and efficiently, obtaining and integrating multiple sources of information, communicating findings and recommendations clearly to patients and other providers. Interns are expected to use a variety of methods and approaches including clinical interviewing skills, intellectual, objective and projective personality assessment, neuropsychological screening, and administering adaptive measures as well as understanding the principles of risk assessment management for suicide and violence potential and capacity to stand trial.

Seminars are offered in each of these areas of assessment in addition to the experiential offerings within rotations. Interns gain experience in selecting and using standardized administration of psychological assessment instruments and use their assessment skills to formulate appropriate diagnostic conclusions and treatment recommendations. This experience involves scoring, interpreting, and integrating test and interview data to answer referral questions. Training methodologies include individualized supervised experience, and faculty and intern presented assessment seminars and case presentations which facilitate hypothesis generation. Interns are also trained to recognize diversity and cultural factors in assessment in addition to the limitations of psychological assessment instruments through individual and group supervision.

VII. Intervention Competency

- a. Formulates case conceptualization and treatment plans
- b. Implements evidence-based interventions
- c. Monitors the impact of interventions

Interns demonstrate this competency selecting appropriate evidence-based interventions and best practices, implementing interventions with fidelity and adapting them to honor diversity and contextual factors, and monitoring and adapting their own role and performance with interventions. The emphasis of intervention competency is on individual and group psychotherapy. Treatment plans should consider a range of factors, including the severity of psychopathology, managed care and systems issues, practice standards and empirically supported therapy guidelines as well as patient characteristics in terms of race, ethnicity, culture, gender, socioeconomic status, and lifestyle. An additional objective is to train interns to provide treatment to a range of patient populations as seen in the public sector in a manner consistent with the mission and values of the training site.

VIII. Supervision Competency

- a. Seeks and uses supervision effectively
- b. Uses supervisory feedback to improve performance
- c. Facilitates peer supervision/consultation

- d. When applicable, provides individual supervision

Interns demonstrate this competency by seeking supervision routinely and when specifically needed, accepting feedback without being overly defensive, adjusting professional behavior based on feedback, giving constructive and supportive feedback to peers, and providing feedback that is direct, clear, timely, and behaviorally anchored. Supervision is role-modeled through the internship year as the interns rotate and experience different supervisory approaches. In the group supervisory sessions, the interns provide feedback and guidance to each other. This setting provides opportunities for the interns to experience effective and ineffective ways of providing guidance and to develop critical thinking skills. Toward the end of the internship year, interns, with guidance from their supervisors, may provide supervision to undergraduate students attending a summer psychology program at the hospital.

IX. Consultation and Interprofessional/Interdisciplinary Skills/Systems-Based Practice Competency

- a. Provides consultation
- b. Engages in interprofessional/interdisciplinary collaboration
- c. Engages in systems-based practice

Interns demonstrate this competency by forming effective consultative relationships, demonstrating awareness and respect of the roles, beliefs, values, practices, and contributions of other professionals and providers, recognizing the potential influence of group memberships on the behavior of individuals in organizations and systems. In the hospital setting, the role of the psychologist as a team member is exercised daily. Other competencies such as communication, professional values, and respect for individual differences are critical to being an effective treatment team member. Through the process of rounds, treatment teams, and consultation, interdisciplinary skills are developed and practiced.

Completion Requirements

In order to successfully complete the Broughton internship program, an intern must meet the following outcome standards:

1. Completion of a minimum of 1832 hours of training.
2. Must have attained an average rating of “Advanced Proficiency for Entry-Level Practice,” or 5 on all core competency areas. The core competencies include Research, Ethics and Legal Standards, Individual and Cultural Diversity, Professional Values and Attitudes, Communications and Interpersonal Skills,

Assessment, Intervention, Supervision, Consultation and Interprofessional Interdisciplinary Skills.

3. Demonstrated competency in case conceptualization and treatment. Minimum of 2 clinical treatment case presentations to demonstrate competence in conceptualization and implementation of an appropriate individualized treatment plan. It should also include conceptualization about ethics, systems, and multicultural considerations. Interns must attain an average rating of “Advanced Proficiency for Entry-Level Practice,” or 5 on presentation evaluations from their supervisors and/or training director.
4. Interns are expected to complete a minimum of 3 integrated psychological assessments over the course of the year. It is expected that an intern will have one psychological assessment in each major rotation to meet this requirement. Exceptions to this may be made by the Internship Leadership Team based on training needs and progress.
5. Demonstrated competency in assessment and evaluation is also measured with a minimum of 2 diagnostic case presentations utilizing a battery of assessment instruments to demonstrate an ability to provide conclusions and recommendations which are consistent with the test data. Interns must attain an average rating of “Advanced Proficiency for Entry-Level Practice,” or 5 on presentation evaluations from their supervisors and/or training director.
6. By the completion of the training year, interns are expected to show advanced proficiency for entry-level practice, function mostly independently with regard to supervision, generate skills and knowledge to new situations, seek consultation in supervision on an as needed basis, requires infrequent direction, and structure is self-imposed. The overall expectation is that by the end of the internship year, interns understand what is expected of a person working as an independent practitioner and demonstrate skills consistent with that. This evaluative determination is made by supervisors on all rotations and the internship faculty.

Evaluation

Interns are evaluated formally and informally throughout the internship year. All supervisors complete a supervisor evaluation of interns for each rotation which is reviewed with the interns. Supervisor evaluation for the minor rotation will be provided mid-year and at the end of the year. A copy of the Supervisor Evaluation of Intern form used for providing formal feedback will be provided in the internship handbook that is given to the intern at the start of their training year. The evaluation forms address the core competencies of Research, Ethics and Legal Standards, Individual and Cultural Diversity, Professional Values and Attitudes, Communications and Interpersonal Skills, Assessment, Intervention, Supervision, Consultation and Interprofessional Interdisciplinary Skills. As noted above, interns are also evaluated on their clinical treatment case

presentations and clinical assessment presentations. Informal evaluation is also provided during the monthly internship faculty meetings.

Intern files which contain their evaluations from each rotation, supervisor goal sheets, hourly logs, end of year certificates, and other paperwork such as the APPIC application packet, are maintained in locked file cabinets that are assessable only by the Internship Leadership Team. These files are maintained in perpetuity to document the internship performance for future inquiries by licensing boards, employers, and post-doctoral programs.

Interns are also invited to complete evaluation of each supervisor. These evaluations will be provided with permission to the supervisor for feedback when appropriate. Feedback from interns is also elicited throughout the internship year for continuous program improvement.

Case Presentation Evaluations

During the year, interns will present a total of four case presentations: two treatment focused and two assessment focused. These presentations should consider ethical and legal issues, systems issues, and diversity issues. For specific guidelines on these evaluations will be presented in the internship handbook once an intern begins their training year.

Grievance and Due Process Procedures

Broughton Hospital internship training program works diligently to identify strengths and growth early in an intern's time at our facility. This assists the training faculty to work collaboratively with the intern to mitigate any developing areas of concern. At times, areas of concern may escalate above what is typically handled as a routine part of supervision. We have three levels of grievance and due process procedures, each increasing in required support and mediation to maintain an intern's progress throughout their training year. Our program also has protections in place if an intern has a complaint against the program, a supervisor, an evaluation of performance, or other aspect of the training program. We take steps to ensure that possible power-differential concerns are addressed, and the intern is protected throughout a grievance protocol.

Rotations

The hospital is organized into three services areas: Adult Admission Services, Community Transition Units and Specialty Services. Specialty Services includes Adolescent, Deaf, Geriatrics, and Medical Units.

Major Rotations

Adult Admission Service (AAS)

The Adult Admission Services (AAS) rotation encompasses a diverse population with a variety of presenting symptoms and disorders. AAS evaluates and treats acute psychiatric patients from 37 counties in the western region of North Carolina. AAS is made of four units with 121 beds fluctuating between 15 to 20 patients per unit. The service can at times be rapid paced, but there is also a wide range in average length of stay of this population. Stays on this division can range from as little as a few days to over a year depending on the patient's needs. Interns work with patients who are acutely ill and in need of intensive, multimodal, crisis intervention, but also provide longer-term treatment for some of the patients once they have stabilized. Patients on the AAS units tend to present with histories of chronic illness, repeated hospitalizations, and repeated challenges in community placements. AAS patients also may have a history of receiving a multitude of diagnoses from past providers and need diagnostic clarification in addition to symptom management. Additionally, the facility's Incapable to Proceed (ITP) patients are typically housed within the AAS division. When not working with an ITP patient as part of the forensic minor rotation, interns may work on assessments, individual therapy, and relapse prevention with these patients.

The AAS rotation provides ample experience in assessment. Interns can receive referrals from any of the four treatment teams; these referrals are coordinated by the intern's supervisor. Interns are trained in diagnostic interviewing, differential diagnosis, and interpretation of formal assessment data from various instruments to provide specific diagnostic formulations and treatment recommendations. They are also encouraged to work closely with the patient's treatment team to achieve continuity of care.

Psychotherapy on the AAS rotation emphasizes brief, focused approaches targeting coping strategies, emotional regulation, suicidal ideation, and self-care. In addition to individual therapy and psychological assessment, interns serve as facilitators or co-facilitators in group(s) on the service's treatment mall (when operational) or on individual units. There may also be opportunities for behavioral consultation for dangerous or disruptive behaviors, and treatment team consultation.

Community Transition Units (CTU)

The Community Transition Unit Services includes four units with 121 beds for patients requiring extended treatment. The goal for all patients is to improve their functioning to the extent possible to discharge to the least restrictive setting.

Patients on CTU units tend to present with chronic and complex psychiatric issues including severe and persistent psychotic disorders and mood disorders, repeated hospitalizations, and complex challenges to discharge. Patients on CTU units are provided extensive community

reintegration opportunities that include trips to the community to help them increase their skills outside of a locked environment. Treatment can focus on occupational and vocational rehabilitation. CTU treatment also offers opportunities to broaden and deepen a sense of personal identity development, interpersonal effectiveness, and identifying areas of personal interests. The training focus on CTU will be on psychological assessments, individual therapy, and group therapy. An advantage of working within CTU units is the opportunity to see individual patients for longer periods of time than is typical on the AAS units.

The CTU rotation provides opportunities for assessments. Interns can receive referrals from any of the three treatment teams; these referrals are coordinated by the intern's supervisor. CTU rotation assessments can assist a treatment team in formulating their approach to a patient's specific needs for their severe and persistent psychiatric disorder. They are also encouraged to work closely with the patient's treatment team to achieve continuity of care.

Psychotherapy on the CTU rotation combines brief skills approaches with traditionally longer-term therapies. In addition to individual therapy and psychological assessment, interns serve as facilitators or co-facilitators in group(s) on the service's treatment mall (when operational) or on individual units. There may also be opportunities for behavioral consultation for dangerous or disruptive behaviors, and treatment team consultation.

Specialty Services

Adolescent Services

Adolescent Services consists of one co-ed unit with 24 beds. The training focus on the adolescent unit will be on psychological assessments, individual therapy, and group therapy. There may be times during this rotation that an intern has an opportunity to provide family therapy with their individual patients.

All adolescents attend the Enola School throughout the day. Adolescents are on the unit during lunch and in the afternoon. The Adolescent Treatment Groups are scheduled at various times and updated schedules will be provided during an intern's rotation. Psychotherapy on the adolescent rotation combines brief skills approaches with traditionally longer-term therapies. In addition to individual therapy and psychological assessment, interns serve as facilitators or co-facilitators in group(s) on the unit. There may also be opportunities for behavioral consultation for dangerous or disruptive behaviors, and treatment team consultation.

The adolescent rotation provides ample experience in assessment. Interns are trained in diagnostic interviewing, differential diagnosis, and interpretation of formal assessment data from various instruments to provide specific diagnostic formulations and treatment recommendations. They are also encouraged to work closely with the patient's treatment team to achieve continuity

of care. Neurodevelopmentally informed approaches to case conceptualizations and treatment are fostered on this rotation.

Geriatric Services

Geriatric Services consists of one co-ed unit with 24 beds. This unit's population includes those with acute psychiatric problems, elderly individuals with severe and persistent mental illness, and people with neurocognitive disorders. The training focus on the geriatric unit will be on group therapy, individual therapy, and psychological assessments. There is an advantage on the geropsychiatry unit to learn more about how health psychology impacts patients with SPMI, and on neuropsychological evaluation and remediation.

Deaf Services

Deaf Services consists of one co-ed unit with 24 beds. This unit also serves as the Alcohol and Drug Abuse Treatment Center (ADATC) for patients in North Carolina who are hard of hearing (HOH) or deaf. Interns may observe treatment teams and may be involved in providing services to the Deaf Unit depending upon interest, training needs, and patient's needs. Special consideration is given to interns who are deaf, HOH, and/or fluent in ASL to have a specialized minor rotation.

Medical Services

Medical Services consists of one co-ed unit with 20 beds. This unit supplies medical services that cannot be provided on a patient's home unit. Interns may be asked to "follow" a patient who is transferred to the unit for care from their home unit, but the medical unit is not currently available as a major rotation.

Minor Rotations

Pre-Trial Forensic/Capacity-Restoration

The intent of the Pre-Trial Forensic/Capacity Restoration minor rotation is to provide interns with introductory knowledge and experience in working with justice involved psychiatric patients. In North Carolina, individuals who are found to be unable to proceed to trial for criminal charges due to mental illness symptoms are deemed Incapable to Proceed (ITP), and are then admitted to a local psychiatric hospital, such as Broughton Hospital. At Broughton, patients with ITP status receive treatment for their mental illness symptoms and education about the court system; this is referred to as Capacity Restoration (CR). The Pre-Trial Forensic/Capacity Restoration minor rotation will focus on providing interns with weekly readings and discussions of forensic issues in a group supervision format. Some of these discussions will focus on relevant case law, but the majority of the topics are related to the more clinical aspects associated with providing CR and providing psychological assessments within a forensic context. Interns will be

able to co-facilitate CR groups for patients of a variety of levels of functioning, to provide individual capacity restoration services (ICR) to patients, and to learn about functioning as a consultant on ITP-related issues within the hospital setting.

Specialty Services

The intent of the Specialty Services minor rotation is to provide interns with experience and knowledge of individual and group therapies in the Geriatric Unit, Deaf Unit, and Adolescent Unit. An advantage of this minor rotation is that an intern has the opportunity to work with patients that may require more complex focuses of treatment, advanced rapport building, and/or greater consistency in therapists. The Specialty Services intern(s) will work with unit psychologists to determine specific needs of the patients and develop groups for each population in the division during the training year. The patients participating in these groups may have lower cognitive functioning or may be likely to have challenging behaviors. Finally, interns may be invited to participate on the Behavior Consultancy Team and work on helping units apply strategies to facilitate lasting change with treatment resistant patients.

Psychological Testing and Research Resources

The Psychology Department at Broughton Hospital has an extensive collection of psychological assessment equipment. The department keeps up-to-date with the latest versions and forms of available assessments and has access to many online scoring programs. Due to the nature of our facility, we mostly use paper versions of assessment protocols to ensure safety for our patients and staff. However, the department is currently working toward capabilities to safely and efficiently employ digital versions of assessments to streamline our testing process. We have a department wide form that is used by all faculty and interns to have uniformity in our psychological assessments, as well as maintain the highest standards for our examinations.

The Broughton Hospital librarians assist our patients and staff. Our librarians are able to aid our faculty in their research endeavors for evidence-based treatment by requesting inner-library loans throughout the state. They are able to acquire information for the latest articles, books, and research texts to assist in our objective to remain highly qualified and efficient clinicians.

Didactic Seminars

Interns will attend weekly didactic seminars that assist in their clinical expertise through a variety of subjects. Didactic seminars will cover topics such as assessments, clinical treatment, and professional development. Examples of previous didactic seminars include:

Assessment Seminars:

- Choosing the Appropriate Testing Materials
- Projective Testing

- Integrative Report Writing
- Evaluating IDD Patients

Clinical Treatment Seminars:

- Psychotic Spectrum Disorder: Diagnosis and Treatment
- Cognitive Behavioral Therapy for Psychosis
- Bipolar Spectrum Disorders: Diagnosis and Integrative Treatment
- Trauma Treatment: Epigenetics and Generational Trauma
- Psychopharmacology
- Behavior Planning
- Dialectical Behavioral Therapy for Inpatient Settings
- Expressive Arts in Psychotherapy

Professional Development Seminars:

- Program Development
- EPPP Preparation and Licensure Application
- Clinical Supervision
- Expert Testimony/Prepping for Court



The Community and Area

Broughton Hospital is in Morganton, North Carolina. The city is nestled in the foothills of the Blue Ridge Mountains, part of the wider Appalachia area. It is situated near the Linville Gorge, Pisgah National Forest, South Mountains State Park, and skiing/snow-tubing areas. The area allows for a multitude of outdoor activities including hiking, biking, camping and kayaking. Nearby Lake James offers a fantastic swimming and boating area. Downtown Morganton offers local restaurants, microbreweries, live music, and annual festivals. A large shopping center is centrally located five minutes from the hospital. The community blends the desirable features of small town living with easy access to the shopping and cultural advantages of the nearby larger cities of Hickory, Asheville, Boone, and Charlotte.

Morganton has many state employees affiliated with one of the numerous state facilities and agencies that have helped shape the town since 1887. In addition to Broughton Hospital, other state-operated facilities include the J. Iverson Riddle Developmental Center, the North Carolina School for the Deaf, Western Piedmont Community College, the Department of Vocational Rehabilitation, North Carolina School of Science and Math, and one prison operated by the NC Department of Public Safety.

Application and Process

Applicants to the Broughton Hospital Clinical Psychology Internship program must complete the AAPI online application. The AAPI online application can be accessed through the Applicant Portal at <http://www.appic.org>. Those applicants who are matched with the Broughton Hospital Clinical Psychology Internship program will also be expected to complete a State of North Carolina Application for Employment form after Match Day. ***Appointments to internship positions at Broughton are contingent upon the successful results of drug testing and criminal background checks prior to the beginning of the internship year.***

The Broughton Hospital Clinical Psychology Internship program is a participant in the APPIC Internship Matching Program and operates in accordance with the current APPIC Match Policies. This internship site abides by APPIC policy in that no person at this training facility will solicit, accept, or use any ranking-related information from any applicant. Broughton Hospital's APPIC Member Number is 1415. Applicants must obtain an Applicant Agreement package from National Matching Services, Inc., and register for the Matching Program to be eligible to match to this program. Broughton Hospital's Program Code Number for the Match is **141511**.

The **deadline** for application to the Broughton Hospital Clinical Psychology Internship program for the 2027-2028 application cycle is **Friday, November 13, 2026**. All materials must be received on site by this date. Applicants will be contacted on or before December 11, 2026 by email regarding their application status and whether or not they will be invited for an interview. Interviews are conducted via online platforms such as Microsoft Teams. Broughton Hospital also recognizes the impact that COVID-19 has had on practicum students acquiring their required hours and experiences and will take this into account when deciding whether to interview an applicant.

Competitive applicants will have completed and/or demonstrated the following:

- Variety of clinical experiences
- Minimum of 200 direct intervention hours
- Minimum of 100 direct assessment hours
- Interest and/or experience working with people who have SPMI
- Interest and/or experience in rural and/or public sector mental health
- Assessment skills in commonly used diagnostic instruments (e.g., WAIS-5 or WISC-V, PAI, MMPI-3) and projective instruments such as the Rorschach Ink Blot Test
- Minimum of 8 integrated assessment batteries

Required Supplemental Materials:

- De-identified Psychological Assessment

Individuals studying at non-APA accredited graduate programs may apply to Broughton Hospital's Clinical Psychology Internship Program; however, preference is given to students from APA-accredited programs. Non-accredited graduate programs should have programmatic structure and content that closely parallels that of APA-accredited programs to be considered.

Program Origin of Our Interns

Adler University - Chicago	2
American School of Professional Psychology (Argosy – Washington, D.C.)	7
Auburn University	1
Brigham Young University	1
California School of Professional Psychology at Alameda	2
California School of Professional Psychology at Fresno (Alliant University – Fresno)	3
California School of Professional Psychology at Los Angeles	1
California School of Professional Psychology at Sacramento (Alliant University – Sacramento)	2
Carlos Albizu University (formerly Miami Institute of Psychology)	4
Carlos Albizu University (Puerto Rico)	2
Case Western Reserve University	1
Chestnut Hill College	3
Chicago School of Professional Psychology	1
East Tennessee State University	1
Emory University	1
Fielding Graduate University	5
Florida Institute of Technology	10
Florida School of Professional Psychology	9
Gallaudet University	1
George Fox University	1
George Washington University	1
Georgia School of Professional Psychology	6
Georgia Southern University	2
Georgia State University	4
Illinois School of Professional Psychology at National Louis University– Chicago	3
Illinois School of Professional Psychology – Schaumburg	1
Indiana State University	2
Indiana University of Pennsylvania	1
Jackson State University	5
Kansas City University	1
Louisiana State University	2
University of Memphis (formerly Memphis State University)	1
Marywood University	1
Midwestern University	2
Minnesota School of Professional Psychology	2
Nova Southeastern University	7
Ohio University	3

Pacific Graduate School of Psychology	3
Pace University	1
Pennsylvania State University	1
Purdue University	1
Regent University	5
Spalding University	1
State University of New York at Albany	1
Texas A & M University	1
Texas Woman's University	1
The University of Toledo	1
University of Detroit – Mercy	2
University of Hartford	4
University of Hawaii – Manoa	1
University of Illinois at Chicago	1
University of La Verne	1
University of Louisville	1
University of Manitoba	2
University of Mississippi	2
University of North Carolina at Chapel Hill	6
University of North Carolina at Greensboro	2
University of North Dakota	1
University of Northern Colorado	1
University of South Carolina	2
University of Southern Mississippi	1
University of Virginia	1
University of Windsor	1
University of Wyoming	1
Vanderbilt University	1
Virginia Consortium for Professional Psychology	5
Western Carolina University	1
William James College	1
Wright Institute	2
Wright State University	1
Xavier University	1
Yeshiva University	1

Internship Faculty and Staff



Kristen Payne, PsyD
Internship Training Director
Chief Psychologist
Adult Admission Services

Clinical Interests: Psychotic Spectrum Disorders, Psychodynamic Conceptualization, Program Development

What do you do for fun? Spend time with my family and friends, crafting, shopping, and reading.

Favorite Self-Care: Working out and watching TV

Fun Fact: I was a circus performer for four years with the Florida State University Flying High Circus



Cindy Peters, PhD
Psychology Department Director

Clinical Interests: Neuropsychology & Neuropsychotherapy, Multimethod Trauma Treatment, DBT Applied to Inpatient Treatment Settings, Family Systems

What do you do for fun? Spending time with my son & family. Hiking & visiting the beach. I also like to sing, dance, travel, & cook.

Favorite Self-Care: Working out, creating art, praying, meditation, journaling, & keeping in touch with friends.

Fun Fact: I was in a singing group that toured the Midwest. We were a hot commodity.



Jenna Seward-Hatfield, PsyD
Chief Psychologist
Adult Admission Services

Clinical Interests: Capacity Restoration, Violence Risk Assessment, Malingering, CBT-P, Program Development

What do you do for fun? Watch reality TV, read, go to trivia

Favorite Self-Care: Spending time with my dogs.

Fun Fact: My undergraduate and graduate research experience involved partnering with the FBI.



Greg Burmeister, MS

Staff Psychologist
Specialty Services

Clinical Interests: Deaf culture, adolescent assessment and treatment



Bryan Frenzel, PsyD

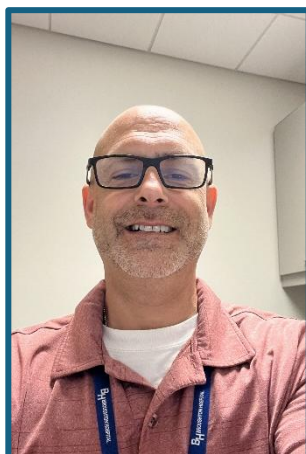
Staff Psychologist
Community Transition Units

Clinical Interests: Cognitive Behavioral Therapy, Behavioral Planning, DBT, Mental Health Education, Violence Risk

What do you do for fun? I enjoy being outside engaging in activities like mountain biking, hiking, backpacking, kayaking, and playing sports including soccer, golf, and pickleball. I also really appreciate spending time with family and friends.

Favorite Self-Care: Escaping into the woods to play.

Fun Fact: I have traveled to every state in the contiguous US.



Brian Friedman, PsyD

Senior Psychologist
Specialty Services

Clinical Interests: Psychopathy, Sexual and Violence Risk Assessment, Adolescent Treatment, Borderline Personality Disorder

What do you do for fun? Hike/hang outdoors, with my wife and kids; Fantasy sports; play with my 3 dogs; target shooting.

Favorite Self-Care: Playing with/snuggling my dogs; snowboarding.

Fun Fact: I was a surface rescue swimmer in the Navy when I was 19 years old and serving during Desert Storm.



Lea Jalbert, PsyD
Senior Psychologist
Specialty Services

Clinical Interests: Schizophrenia Spectrum Disorders, Bipolar Spectrum Disorders, and Geriatric Populations.

What do you do for fun? I love to be outdoors either by the pool, hiking, or walking my dog! I also love spending time with friends and eating good food.

Favorite Self-Care: I love to read! My favorite genres are fantasy and romance. I also enjoy a good binge watch of a TV show.

Fun Fact: When I was in middle school I auditioned for the X Factor. I love to sing and it was a fun experience!



Andrew Jaskot, PsyD
Senior Psychologist
Adult Admission Services

Clinical Interests: Integrated Healthcare, Forensic Psychology, Psychological Assessments, Individual Psychotherapy

Favorite Self-Care: Getting myself McDonald's French fries and watching a movie at home.

Fun Fact: I've been mistaken for Baker Mayfield on several occasions.



Brianna Kapur, PsyD
Senior Psychologist Trainee
Specialty Services

Clinical Interests: Children & Adolescent Psychology, Mindfulness, Projective Assessments, Body Image & Disordered Eating, Diversity & Cultural Implications

What do you do for fun? Reading Harry Potter, Yoga, Arts & Crafts, Learning New Languages

Favorite Self-Care: Going on walks in nature & eating ice cream.

Fun Fact: I was born on a Friday the 13th.



Elizabeth Lane, MA

Staff Psychologist
Specialty Services

Clinical Interests: Adolescents, Eating Disorders

What do you do for fun? Dinner/movie nights with friends, walking, hanging out with family, watching reruns of The Office and Seinfeld, going to the Crawdad's baseball games.

Favorite Self-Care: Swedish massages



Frank Lawatsch, PsyD

Senior Psychologist
Adult Admission Services

Clinical Interests: Forensics, Assessment, Trauma

What do you do for fun? Hiking/Spending time with family

Favorite Self-Care: Meditation

Fun Fact: My first (and most memorable) concert was Michael Jackson.



Anne Middaugh, PhD

Senior Psychologist

Clinical Interests: Forensics; Recovery-Based Treatment; Psychodynamic Conceptualization; I enjoy bringing in art, movement, and other modalities in therapy.

What do you do for fun? Sea Kayak, Travel, I also enjoy traveling to hike and camp and going to concerts all over the place.

Favorite Self-Care: Getting out on the water or in nature.

Fun Fact: I'm a Disney adult.



Michelle Morel, PsyD

Senior Psychologist
Community Transition Units

Clinical Interests: Individual/Group Therapy with Adolescents/Adults, Trauma-Focused Treatment, Art Therapy, Couples and Family Therapy, and Psychodynamic Case Conceptualization

What do you do for fun? I love to read, bake, go to the movies, watch reality tv, and spend time with my niece and nephews!

Favorite Self-Care: Eating pasta and reading (or guided meditation!)

Fun Fact: I sang the National Anthem at an NBA game!



Rich Munger, PhD

Senior Psychologist
Community Transition Units

Clinical Interests: CBT for Psychosis; Milieu Therapy

What do you do for fun? Gardening, hiking

Favorite Self-Care: Yoga, spending time with my dogs

Fun Fact: Lived in Hawaii for 2 years



Noah Murray, BS

Psychology Assistant

Clinical Interests: Psychotherapy (CBT/DBT) & Data Analysis

What do you do for fun? I like to play disc golf, trivia, & video games.

Favorite Self-Care: Hanging out with friends or just having a lazy day.

Fun Fact: I was in all-state chorus in middle school!



Patience Wise
Administrative Assistant

What do you do for fun? I love to spend time with my family, I enjoy game nights, reading, and being outside at the lake.

Favorite Self-Care: Walking, cooking, and reading.

Fun Fact: I played softball and was a hind catcher.

Internship Admissions, Support, and Initial Placement Data

(Tables revised June 2026)

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.	☐ Yes ☒ No
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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:
Broughton Hospital offers an internship program that trains interns to provide a broad array of psychological services within the public mental health sector using evidence-based practices in an inpatient psychiatric setting with mentally ill adults and adolescents. Interns have the opportunity to gain extensive experience with a broad array of inpatients with severe and persistent mental illness (SPMI) via rotations including adult acute service, community transition units, adolescent, geriatric, deaf, or forensic areas of service. The internship program begins on July 1st and ends the following June 30. The internship participates in the APPIC process for matching interns.
Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:
Total Direct Contact Intervention Hours: <u>N</u> <u>Y</u> Amount: <u>200</u> Total Direct Contact Assessment Hours: <u>N</u> <u>Y</u> Amount: <u>100</u>
Describe any other required minimum criteria used to screen applicants: Broughton Hospital requires a de-identified psychological assessment during application review. Broughton Hospital conducts background checks on incoming interns and applicants need to be prepared to pass background checks and drug tests in compliance with state laws as well as Department of Health and Human Services policy. Not successfully passing these screenings/background checks may cause these sites to break a match with an incoming intern. Broughton Hospital requires interns to receive the COVID-19 vaccination or an approved exemption prior to the internship start date.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$18.75/hour→\$37,500	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	Yes	
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	
Coverage of family member(s) available?	Yes	
Coverage of legally married partner available?	Yes	
Coverage of domestic partner available?		No
Hours of Annual Paid Personal Time Off (PTO 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):		

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

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2023-2026	
Total # of interns who were in the 3 cohorts	13	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Academic teaching	0	0
Community mental health center	1	1
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	0	1
Veterans Affairs Health Care System	0	0
Psychiatric facility	0	6
Correctional facility	0	1
Health maintenance organization	0	1
School district/system	0	0
Independent practice setting	0	2
Other	0	0

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

For information regarding the
Guidelines and Principles for Accreditation of Programs in Professional Psychology, contact:

APA Office of Program Consultation and Accreditation

750 First Street, NE • Washington, DC • 20002-4242

Phone: 202-336-5979 • TDD/TTY: 202-336-6123

Fax: 202-336-5978 • email: apaaccred@apa.org

Website: <http://www.apa.org/ed/accreditation/>

Broughton Hospital provides equal opportunity to all applicants without discrimination on the basis of race, color, religion, national origin, gender, age, or disability. Both the hospital and mental health agencies affiliated with the internship program have a drug-free workplace policy.