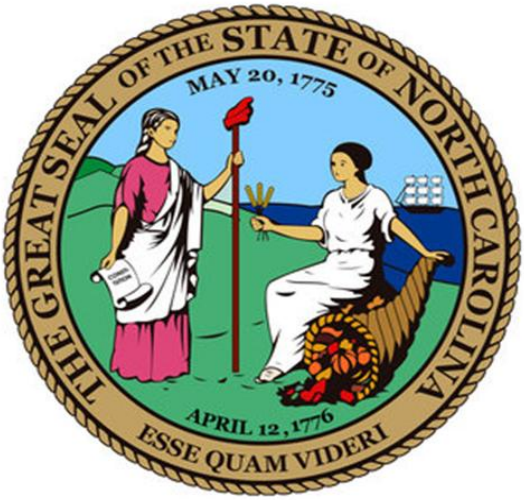
Central Regional Hospital

APA-ACCREDITED
CLINICAL PSYCHOLOGY
DOCTORAL INTERNSHIP



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INTRODUCTION

The Department of Psychology at Central Regional Hospital (CRH) offers an APA-accredited internship program in clinical psychology that provides comprehensive clinical training to qualified doctoral students. The internship is administered by the Psychology Faculty and led by a doctoral-level Psychologist serving as Internship Director. The Internship Director, Psychology Director, faculty members who serve as Program Coordinators, and select supervisors from each Program comprise the Psychology Training Committee. The Training Committee oversees program administration, reviews applications, selects interns, monitors training quality, awards certificates of completion and provides feedback to interns and their graduate programs.

CRH is a North Carolina state psychiatric facility providing a comprehensive continuum of care across inpatient units serving children, adolescents, adults, geriatric individuals, and forensic populations, including pretrial forensic evaluations. The patient population is highly diverse, representing a broad range of cultural backgrounds. Patients frequently present multifaceted clinical histories shaped by intersecting psychiatric, medical, educational, legal, and social determinants of health. Although educational and occupational histories vary, many individuals have experienced significant trauma, chronic financial instability and persistent barriers to housing, medical care, legal and immigration support, and mental health services. These overlapping vulnerabilities highlight the need for clinical approaches that account for structural inequities and their impact on assessment, treatment planning, and recovery.

CRH strives to center each patient's experience by addressing their intersecting psychosocial needs through patient-centered care. The hospital actively works to accommodate patients' cultural, linguistic and identity-related needs, integrating these considerations into communication, daily care practices and treatment planning. CRH also engages families and community-based resources to enhance cultural understanding and support comprehensive care. Throughout hospitalization, ongoing efforts are made to identify emerging needs and respond to them as fully as possible, ensuring a dynamic and individualized approach to care.

CRH was built in 2008 with large open areas, natural light, and other design elements intended to enhance the day-to-day experience of patients and staff. The 398-room hospital serves the acute mental health needs of adults and adolescents from 26 counties in central North Carolina and houses the state's only child inpatient and forensic services units, which serve patients statewide. Additional information about CRH is available on the hospital's website: http://www.ncdhhs.gov/dsohf/services/crh/index.htm

CRH is in Butner, approximately 10 miles from Durham, 15 miles from Chapel Hill, and 20 miles from Raleigh. The surrounding Raleigh-Durham-Chapel Hill region – known locally as the Triangle – includes four major universities, numerous colleges, extensive technology and medical science industries, and a wide range of cultural, recreational, and entertainment opportunities. For more information visit the Chamber of Commerce websites for Raleigh (http://www.raleighchamber.org/), Durham (http://durhamchamber.org/) and Chapel Hill (http://www.carolinachamber.org/).

Interns apply for one major focus area – Adult, Forensic Assessment, Child and Adolescent, or Neuropsychology/Geropsychology. Interns in the Adult and Forensic majors may additionally select 1-2 minor

rotations aligned with their training goals, allowing them to deepen existing competencies or develop new skills.

The internship is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and adheres to all APPIC policies regarding recruitment, interviewing and selection. This includes disclosing prior to the Match that appointment of applicants is contingent upon meeting additional eligibility requirements, including a criminal background check and drug testing.

The internship originated at Dorothea Dix Hospital and received initial APA accreditation during its first training year (2003–2004), followed by reaccreditation in 2007. In 2008, the program transitioned to the newly built Central Regional Hospital and was renamed accordingly. The internship was reaccredited in 2012 for seven years, and following the most recent site visit in March 2019, the program was reaccredited for 10 years, with the next site visit tentatively scheduled for 2029. Applicants may verify accreditation status at: 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).

Raleigh, NC

Chapel Hill, NC

Durham, NC

COMMITMENT TO ALL NORTH CAROLINIANS

The Psychology Department of Central Regional Hospital welcomes applicants from all backgrounds and experiences to apply for our psychology internship program. We are committed to fostering an inclusive, equitable, and supportive training environment where all are valued as essential to clinical excellence. We encourage candidates of all identities and perspectives to consider joining us as we work to cultivate a learning community that reflects and serves the broad range of individuals in our field.

To evaluate the Psychology Department's long-term efforts to recruit and retain diverse faculty, staff, and trainees, the Diversity Committee developed an annual climate survey to gather perspectives. The voluntary, confidential survey is open to all department members each spring, allowing new trainees sufficient experience to respond meaningfully. Committee members review and analyze the results and share a report with the department and hospital leadership. Based on the findings, the committee determines whether updates to hiring policies are needed, votes on proposed revisions, and implements approved changes.

EMPLOYEE ASSISTANCE PROGRAM

The North Carolina Employee Assistance Program (EAP) has staff available to help 24/7/365 with all kinds of life situations, for example, marital difficulties, family struggles, parenting, stress, balancing work and family, relationship issues, work-related concerns, depression, alcohol and drug use/abuse, grief and loss counseling, elder care, healthy living and crisis events. NC EAP (tel. 888.298.3907) is available to interns and anyone living in the same household.

FINANCIAL SUPPORT AND BENEFITS

Four full-time intern positions are available with a pay rate of $19.75 an hour, resulting in an annual salary of $39,500. However, if interns work more than the minimum hours, they will subsequently earn a higher annual total. All funding for interns comes from the state budget, with no changes to allocation of funds impacting intern salaries.

Interns are required to complete 2,000 hours of training over a 12-month period, along with identified clinical experiences and adequate ratings on intern evaluations to successfully complete the internship program. Work hours are typically 8 a.m. - 5 p.m., Monday-Friday. Interns are required to take 12 unpaid state holidays throughout the year and may take up to 108 hours of unpaid leave days as needed for sick time and personal leave without impacting progress toward the 2,000-hour minimum requirement. Up to four hours per week may be used for research/professional development activities.

Health insurance is not provided, but interns can choose to buy their own coverage**.** Since interns work full-time for a 12-month period, they're eligible to purchase health insurance directly through the North Carolina State Health Plan. In most cases, interns can buy the plan's High-Deductible option, and all costs are paid by the intern.

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 workspace.

HOW TO APPLY

ELIGIBILITY: Applicants must be doctoral candidates in American Psychological Association-approved or Canadian Psychological Association-approved clinical or counseling psychology programs. APA-approved or CPA-approved school psychology programs are accepted for the Child and Adolescent 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. Applicants must have at least 500 face-to-face intervention hours and 75 face-to-face assessment hours in doctoral program practica by the application deadline. Of note, given the intense focus on assessment, those applying to the Neuropsychology/Geropsychology track typically have at least 250 assessment hours and 10 integrated reports to be seen as competitive.

U.S. citizenship is not required, but non-citizen applicants will be required to demonstrate eligibility to work within three days of the start date by completing form I-9 (Employment Eligibility Verification, Department of Homeland Security). As a state hospital, standard vaccinations are required at the start of internship (e.g., TB, TDAP, and MMR). Interns will be required to get a flu vaccine when an updated vaccine becomes available in September and must receive the flu vaccine and provide documentation by November 1 of their internship year.

STARTING AND ENDING DATES: August 1 through July 31

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; Forensic Assessment; Child-Adolescent; or Neuropsychology/ Geropsychology. See below for descriptions of the four major focus areas. ***Applicants cannot apply to two tracks simultaneously.***
- Applicants are encouraged but not required to identify minor rotation interests in their cover letter.
- Current C.V.
- One integrated assessment report sample.
- AAPI full application (including all essays, tables, and verification of eligibility by DCT).
- Three standardized reference forms.
- Official, current doctoral program transcript.

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

APPLICATION REVIEWS AND INTERVIEWS:

We will contact all applicants by email no later than the first Friday in December to notify them that we are offering an interview, or to inform them we are no longer considering their application. Interviews are conducted in mid to late January. To decrease the financial burden of traveling for interviews, the program has fully transitioned to videoconference interviews.

TRAINING PHILOSOPHY

The internship welcomes applicants whose experiences and goals align with our mission. We seek dedicated, flexible trainees with relevant prior experience and strong transferable skills, including evidence-based intervention, comprehensive assessment, and clear clinical documentation. Candidates should be receptive to supervision, committed to developing new skills, and prepared to work collaboratively across inpatient and outpatient settings.

Training is grounded in the Scientist-Practitioner model, preparing interns to integrate research and clinical practice. Interns deliver a Grand Rounds presentation, often based on dissertation or other scholarly work, and must demonstrate integration of science and practice through supervisor evaluations and required didactics addressing APA competencies. Interns may use up to four hours per week for research or professional development activities (e.g., dissertation progress, EPPP preparation, scholarly reading, presentation development). Although the training year is primarily clinical, occasional opportunities to participate in ongoing research may arise, and interns are encouraged to remain active consumers of research. Interns may also attend approved off-site trainings for up to two full days, which count toward internship hours.

The internship aims to develop well-rounded clinical psychologists through individualized, flexible training that builds on existing strengths and expands clinical breadth. Interns gain experience with diverse populations, services, and supervisors.

All interns receive at least four hours of scheduled weekly supervision: two hours with a doctoral-level primary supervisor responsible for caseload oversight, integration of training experiences, and evaluations, plus at least two additional hours through minor rotations or group supervision.

A variety of training methods are used, including individual and group supervision, observation, seminars, workshops and interdisciplinary collaboration. Interns interact with a broad range of trainees, including psychology interns from partner programs, practicum students, postdoctoral fellows and trainees from psychiatry, social work, occupational therapy and pharmacy.

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

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.

Adult and Forensic interns have major rotations (2 ½ to 3 days per week) in their focus area. Some focus areas have flexibility in how the major rotations are scheduled; some do not. Neuro-Geropsychology and Child and Adolescent interns split their time evenly between Central Regional Hospital and affiliate sites at University of North Carolina-Chapel Hill.

Adult and Forensic 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 nine 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. In addition, each track's population-specific competencies are assessed throughout the year using the same metrics.

1. Scientific Knowledge and Integration of Research into Best Practices
2. Ethical and Legal Standards
3. Individual and Cultural Diversity
4. Professional Values and Attitudes
5. Communication and Interpersonal Skills
6. Assessment Skills
7. Intervention Skills
8. Supervision
9. Consultation and Interdisciplinary Skills
10. Track Specific Skills

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 scientific knowledge and research into best practices (including making a formal Grand Rounds presentation to the psychology faculty and other CRH clinical staff members), adherence to ethical and legal standards, sensitivity to cultural and other individual differences, and demonstrate the ability to interact effectively with other professionals while assuming appropriate responsibility. The internship also highlights the importance of positive coping strategies for managing personal stress, time management, and the ability to communicate effectively, orally and in writing. Additionally, interns are expected to demonstrate effective consultation and interdisciplinary skills as respected members of treatment teams throughout the hospital.

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 Skills core competencies 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.

TREATMENT COMPETENCIES

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. Treatment competencies are measured by ongoing evaluation and training regarding an intern's Intervention Skills.

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.

COMPETENCY IN 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). Some 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, many interns may serve as supervisors for a student from doctoral or master's programs.

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 highlighted by extensive work within each track over the course of the entire training year (Adult SPMI, Child and 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.

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 workload 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 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.

Core competencies are developed through supervised professional experience, and interns are expected to demonstrate progressive skill development throughout the internship year. Recognizing that interns acquire skills at varying rates, each supervisor conducts evaluations every three months to assess competency development and ensure interns remain on track to meet the 2000-hour requirement. Supervisors also provide narrative feedback at the six-month point and upon completion of the internship. All formal feedback is shared directly with the intern.

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

See the policy on Minimum Levels of Achievement 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 six-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 encouraged to provide feedback regarding their internship experiences. To promote candor in their responses, feedback is collected anonymously. The Internship Director compiles this information for purposes of program evaluation and improvement. Interns are also encouraged to complete the Psychology Department's annual climate survey anonymously.

TRAINING SETTINGS

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 track intern's schedule consists of two six-month major rotations, one on the Adult Admissions Unit (AAU) and one on the Community Transition Unit (CTU). Both the AAU and CTU are located on the CRH campus.

ADULT ADMISSIONS UNIT (AAU)

AAU provides treatment to adults with severe and persistent mental illness, including schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, PTSD, intellectual disability, autism spectrum disorder, personality disorders, traumatic brain injury, neurocognitive disorders, and substance use disorders. AAU currently consists of four separate patient care units (PCUs): two all-male units, one all-female unit, and one co-ed unit (a specialized "intensive support" unit).

While length of stay varies greatly (anywhere from one week to more than one year) the average length of stay is six months. Typically, an intern completing an AAU rotation will primarily work with patients on one PCU and will be supervised by the psychologist on that PCU. However, the intern may also take referrals from other AAU PCUs or even other units depending on the intern's training needs and interests. The intern's training activities while on AAU include psychological assessment (e.g., diagnostic, cognitive, adaptive functioning, malingering) and individual therapy.

The intern may also have opportunities to provide individual capacity restoration to a sub-population of forensic patients on the AAU who have been found not capable of proceeding to trial. The intern may also participate in conducting behavioral assessments and developing/implementing behavioral intervention plans, including providing staff training for behavior plans. The intern will also engage in treatment planning activities in multidisciplinary treatment team meetings. 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 patients with a variety of diagnoses, including schizophrenia, major affective disorders (e.g., bipolar disorder, severe depression with psychotic symptoms, etc.), 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. Patients who are transferred to CTU are typically those with numerous lifetime hospitalizations and rapid recidivism back into inpatient care. The goal is to interrupt this cycle and train them on the specific skills needed to successfully discharge back to the community, based on their individual risk factors.

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. It also highlights the need for patients to go out into the community to practice learned skills prior to actual discharge, including twice monthly shopping trips, individual outings with staff, and unsupervised visits with family as their stability increases.

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 (e.g., 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 home unit, though they will likely provide psychological services across units to work with patients that fit with the intern's specific identified interests. 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), psychodiagnostics assessment

(e.g., PAI, MMPI-2, MCMI, etc.), and functional assessment of skills. 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, and 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. There may also be opportunities to assist with managing the operation of the unit's token economy behavior program and individualized behavior support plans. Interns are expected to progress from working "side-by-side" with unit psychologists to working more independently with specific patients and treatment teams.

CHILD AND ADOLESCENT MAJOR

The training sequence for the Child and Adolescent intern is designed to provide opportunities to work with children, aged 5-17, in both inpatient and outpatient settings. The intern will acquire a wide range of skills amid the full spectrum of presenting conditions. The Child and Adolescent track include affiliated settings, with the intern splitting time on a weekly basis between their primary Central Regional Hospital site and the Child and Family Guidance Center at the University of North Carolina - Chapel Hill. A typical intern's schedule includes two full days on the CRH inpatient unit and two full days at the UNC outpatient clinic, with Fridays being split between required CRH didactics and the intern's individual research time.

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 three units, divided between younger children (ages 5-11) and adolescents (ages 12-17). Across these settings, interns participate in clinical groups, individual therapy, psychological assessment, behavioral planning and programming, milieu-based interventions, and consultation to interdisciplinary treatment teams. CAU experiences call for a variety of orientations and approaches, including cognitive-behavioral, interpersonal, behavior modification, psychoeducational, and experiential.

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, coping skills, 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 ability, educational/achievement testing, 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 may also conduct behavior plan evaluations in which functional assessments of patients' behavior are conducted to determine the need for behavioral interventions, and subsequent plans are developed as needed.

The Children's Inpatient Unit (ages 5 - 11) serves children with a wide range of presenting problems and childhood psychiatric disorders, with particularly high prevalence of trauma exposure. This rotation provides opportunities in developmentally appropriate therapeutic intervention and assessments, participation in multidisciplinary team meetings for diagnostic conceptualization and treatment planning, and behavior planning and interventions.

The Adolescent Inpatient Unit (ages 12-17) provides crisis stabilization and inpatient evaluation services. The patient population presents a full range of psychiatric conditions, including emerging presentations of severe mental illness, substance abuse, disruptive behavior disorders, and trauma-based disorders. 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.

UNC-CH CHILD AND FAMILY GUIDANCE PROGRAM (PRESTWICK BUILDING IN CHAPEL HILL)

The University of North Carolina-Chapel Hill (UNC-CH) Department of Psychiatry and Family Guidance Program provides training in psychological assessment and diagnostic evaluation, using a variety of modalities (performance, projective, neuropsychological), individual therapy, and parent and family-based interventions. The Program serves as the primary training site for Child Psychiatry Fellows and includes social work trainees and psychology practicum students, providing for increased experience in peer consultation and supervision. Faculty includes psychologists, psychiatrists, social workers, and educational consultants.

The Child and Family Guidance Program is located away from the main CRH campus, requiring travel throughout the year. It is in Chapel Hill (194 Finley Golf Course Road in the Prestwick Building), which is roughly 30 minutes from the CRH. Travel will not typically be required between both sites on the same day. The intern is expected to be on site Wednesdays and Thursdays 8 a.m. – 5 p.m., with possible flexibility to work from home in discussion with supervisor and based on current caseload.

To operate best at this affiliated training site, interns are expected to have a foundational understanding of developmental psychopathology, previous experience in testing with children and adolescents including

performance-based tests (i.e., Rorschach, apperception, drawings), and skills with individual psychotherapy including psychodynamic and CBT frameworks. While at the Child and Family Guidance Program, interns will be responsible for individual psychotherapy with children, parent therapy, collaboration with co-therapists, psychological assessment and report writing, participation in group supervision, individual supervision, seminars, and diagnostic conferences. Interns will also complete medical record documentation and follow clinic procedures. Didactic training provided by Child and Family Guidance faculty includes 90-minute teaching conference Thursday mornings, 60-minute didactic seminar on Thursday afternoons, and Group Supervision for Psychological assessment on Thursday mornings. There are four hours of supervision each week at this site, including one hour for Child and Adolescent therapy, one hour for parent therapy, one hour of assessment, and one hour of group supervision for assessment.

FORENSIC MAJOR

FORENSIC EVALUATION SERVICE (FES)

The Forensic Major is a year-long training focusing on conducting forensic evaluations. The training experience is divided into two six-month rotations, each with a different supervisor to allow for broader experience of different interview and report writing styles. Interns spend 2.5 to 3 days participating in capacity to proceed (i.e., competency to stand trial) and mental state at the time of the offense evaluations alongside forensic evaluators, through the Forensic Evaluation Service (FES).

The Forensic Evaluation Service provides a full range of pre-trial forensic evaluations for courts across all 100 North Carolina counties. Most evaluations are completed in a single session, either by secure videoconference or in person at our pretrial evaluation center. Defendants may arrive out of custody, be transported by law enforcement, or – when clinically indicated – be admitted to the pre-trial inpatient unit.

When a defendant is found incapable to proceed, they may be committed to one of three state hospitals for capacity restoration, which includes Central Regional Hospital. Interns may assist with subsequent capacity re-evaluations for defendants admitted to CRH with incapable to proceed status. Interns receive comprehensive training in the core psycho-legal questions that guide forensic assessment. Under supervision, interns participate in forensic interviewing, psychological testing, collateral review, and the development of detailed court reports addressing the primary legal issues. While most evaluations focus on capacity to proceed and mental state at the time of the offense, interns may also gain exposure to additional forensic questions, including pro se competency, diminished capacity, violence risk assessment, and juvenile capacity evaluations.

Forensic Major interns work with a broad and varied population, reflecting the full geographic and cultural diversity of North Carolina. Because our service receives referrals from all 100 counties – from mountain regions to coastal communities, interns encounter a wide range of backgrounds, life experiences, and contextual factors that shape each evaluation. Our referrals also include individuals with differing cognitive profiles and a variety of neurodiverse presentations, contributing to the complexity and richness of the assessment process. This range of experiences provides interns with meaningful exposure to the many factors that influence forensic assessment and strengthens their ability to approach each case with cultural awareness and clinical flexibility.

Interns additionally complete two six-month minor rotations during the training year, spending 1–1.5 days per week on each selected minor rotation. These rotations strengthen assessment and treatment skills and allow interns to explore specialized interests while supporting the internship's generalist training model. Broader clinical experiences are especially valuable in forensic work, enhancing diagnostic accuracy, improving

communication with defendants about next steps (such as capacity restoration or NGRI hospitalization), and informing practical, meaningful recommendations.

Minor rotation options for Forensic Major interns include but are not limited to capacity restoration services for individuals with ITP status on AAU or CTU, working with NGRI patients on the Forensic Services Unit, or completing neuropsychological assessments through the UNC Physical Medicine and Rehabilitation rotation. Additional consultative opportunities may be available on the Child and Adolescent and Geriatric units.

Rotation availability depends on supervisor capacity and unit resources. Before internship begins, the Program Coordinator will meet with the Forensic Major intern to review options in detail and identify rotations that best align with the intern's training goals.

REQUIRED FORENSIC MAJOR DIDACTICS

Forensic Seminar

The Forensic Seminar series, coordinated by Benjamin Locklair, J.D., Ph.D. (CRH) and Gillespie Wadsworth, PsyD (FCC-Butner), is required for the CRH forensic intern and FCC-Butner interns, with additional participation from CRH and UNC–Chapel Hill post-doctoral fellows. Sessions alternate between landmark case reviews and forensic didactics covering capacity, mental state at the offense, risk assessment, report writing, testimony, and related areas such as guardianship, testamentary capacity, and juvenile justice. Ethics, professional roles, and malpractice are also addressed, with speakers from CRH, FCC-Butner, and the community.

Forensic Case Conference

Forensic Case Conference is required for the forensic intern. Forensic case conference is held periodically on Tuesday mornings, as cases are determined ready for review. Pre-trial defendants may be interviewed in front of the group, extensive background information is presented, and group discussion centers on the forensic question (capacity to proceed and/or mental state at the time of offense) and/or diagnosis.

Testimony

Mock testimony is required for the forensic intern as part of the required Forensic Seminar. Additionally, the intern observes testimony of their supervisors and other Pre-Trial Center evaluators.

Central Regional Hospital – Forensic Grand Rounds

This virtual case series, held on the first Tuesday of each month, offers a focused forum for advancing knowledge in forensic psychiatry and psychology. Content is tailored to state hospital forensic clinicians but remains relevant to professionals working anywhere at the intersection of psychiatry and the law. Presenters include forensic psychiatrists and psychologists from Central Regional Hospital alongside invited experts from across the country, providing a range of perspectives on current issues in forensic practice.

NEUROPSYCHOLOGY/GEROPSYCHOLOGY MAJOR

The Neuropsychology/Geropsychology track provides broad exposure to neurologic and psychiatric conditions, with at least 50% of the intern's time devoted to clinical neuropsychology across both inpatient and outpatient settings. The training year is divided into two six-month major rotations, with required placements at both CRH and the affiliated UNC Physical Medicine and Rehabilitation Neuropsychology Service.

Interns spend a minimum of two days per week year-round on the Geriatric Services Unit (GSU) at CRH. At UNC, they typically spend two days per week during one rotation and one to two days per week during the other, averaging 1.5 days per week across the year on the predominantly outpatient PM&R Neuropsychology Service. During the second rotation, interns may opt to replace one UNC day with a one-day minor rotation, commonly in Forensic or Adult Services, though minors may be selected from any affiliated area (e.g., UNC Transplant Service).

While the track offers strong preparation for both neuropsychology and geropsychology, most interns ultimately pursue clinical neuropsychology postdoctoral training. Because this is an assessment focused track, applicants are typically most competitive with at least 250 assessment hours of experience prior to application.

GERIATRIC SERVICES/NEUROPSYCHOLOGY (GSU)

The Geriatric Services Unit at CRH is a primarily acute inpatient psychiatric unit which provides expertise in treating older psychiatric patients. Patients are usually admitted on 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). Usually, the GSU service operates two patient care units (PCUs), but as of this writing has combined both programs into one PCU due to staffing reduced beds. One program admits patients with primary psychiatric diagnoses and utilizes a psychosocial rehabilitation treatment model. The second program admits patients with diagnoses of primary major neurocognitive disorders (most typically dementias such as Alzheimer's disease and frontotemporal dementia). This program 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 interviews, 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 also conduct initial psychological screenings of new admissions.

There will be 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. Depending on the GSU referral caseload, the intern may spend one day a week for one rotation with the Adult Neuropsychology Service with Dr. Eric Elbogen, getting an opportunity to learn and peer supervise neuropsychological assessment with patients with psychiatric illness from the other adult units as well.

Personality assessments such as MMPI-2 or PAI 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 forms. Treatment activities include both group (i.e., leading cognitive-behavioral therapy groups) and individual modalities as well as an emphasis on milieu therapy and the unit behavioral program. There are also some opportunities for individual behavioral management plans. The relative emphasis of responsibilities will vary according to PCU or hospital needs. Interns on the Neuro-Gero track will spend a minimum of two days a week on the GSU service and usually the first part of Friday morning before didactics.

The Neuro-Gero major training experience has adapted to ongoing infection prevention measures within health care settings. Continuing expectations include: using Personal Protective Equipment (PPE) in accordance with hospital protocols, which may shift based on current infection-control conditions and will likely involve masking on GSU; staying attentive to hospital communications about updated safety procedures; adjusting communication strategies when PPE affects interactions with hearing-impaired older adults; conducting some meetings through virtual platforms; completing admission assessments at a slower pace on GSU due to staffing for a smaller number of beds; and incorporating telepsychology and teleneuropsychology during the PM&R neuropsychology rotation.

Interns in the Neuro-Gero major will continue to receive substantial in-person, face-to-face experience with patients and multidisciplinary teams, will meet required patient-contact hours, and will complete a robust number of assessments throughout the training year.

PHYSICAL MEDICINE AND REHABILITATION NEUROPSYCHOLOGY (UNC HOSPITALS)

This rotation is required for Neuro/Gero interns and offers specialized training in outpatient neuropsychological assessment and interventions. Interns spend two days per week the first rotation and one to two days per week the second rotation gaining 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 consultation. This rotation is required for the Neuropsychology/Geropsychology intern, though other tracks can train here as a minor rotation as well.

MINOR ROTATIONS

Minor rotations are available to Adult, Forensic, and Neuro-Geropsychology 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 based on 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 six 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.

CENTRAL REGIONAL HOSPITAL MINORS

ADULT ADMISSIONS 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 except for behavioral assessment and the development of behavioral interventions.

COMMUNITY TRANSITIONS UNIT (CTU)

See description of service above in major rotations.

FORENSIC EVALUATION SERVICE (FES)

See description of service above in major rotations. Interns choosing this as a minor rotation (1 to 1 ½ days per week) are typically limited to evaluations of capacity to proceed. Forensic Case Conference (see description in major rotations) is available to interns while on this minor rotation.

FORENSIC SERVICES UNIT (FSU)

This rotation provides the intern with opportunities to provide individual therapy and co-lead group therapy for patients deemed Not Guilty by Reason of Insanity (NGRI) in the forensic treatment program located on the CRH campus. Group treatment offered for this track is typically centered on assisting patients in processing the events of their charges, as well as identifying maladaptive behavior and thought patterns that are preventing them from mitigating their risk for future aggression. The intern may have opportunities to observe or participate in the completion of violence risk assessments. Interns will also interact with the interdisciplinary teams providing treatment to forensic patients, including participating in discharge panels for those deemed potentially ready to discharge to the community.

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.

PSYCHOSOCIAL TREATMENT (PST)

Psychosocial Treatment at CRH is a collaborative, multidisciplinary service delivering high-quality group interventions in close partnership with PCU teams across the hospital. Its integrated staff includes Psychology, Social Work, Mental Health Counseling, Occupational and Recreational Therapy, Nursing, Addiction Specialists, and Creative Arts Therapies. Interns are encouraged to thoughtfully and creatively design evidence-based group treatments, drawing on current research and the diverse professional expertise within PST. They gain broad exposure through cross-disciplinary observation and consultation while developing strong group-therapy skills, systems-level competencies, and milieu-based intervention techniques within PST's dynamic clinical environment.

AFFILIATED UNC SITES

LUNG AND HEART TRANSPLANT TEAM (UNC HOSPITALS)

Interns with an interest in the psychological issues surrounding organ transplantation and complex medical diagnoses 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 may also gain experience in working with end-of-life and palliative treatment considerations. 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 outpatient neuropsychological assessment and interventions. Interns gain experience in patient/family interviewing and counseling, test administration, scoring, 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. While most referrals are for outpatient assessments, some are for inpatient consults. This rotation is required for the Neuropsychology/ Geropsychology intern, though other tracks can train here as a minor rotation as well.

DIDACTICS

REQUIRED

CRH Internship Didactic Series

This didactic seminar is intended for CRH interns to cover topics required by APA's Commission on Accreditation, including Supervision, Ethical and Legal Standards, and Individual and Cultural Diversity. The seminar also includes topics of interest to interns and intended to help meet the APPIC requirement for a minimum of two hours per week of relevant didactics activities. The seminar is held every Friday from 10:30 a.m. – noon. This will be held in person at CRH and may include trainees from other disciplines as well (including psychology practicum students, Physician Assistant students, etc.). Presenters include CRH as well as external psychologists, in addition to professionals from Psychiatry, Social Work, Education, and Nursing.

Interns are required to make a presentation in Psychology Grand Rounds (see below) as part of their demonstration of competency in strategies of scholarly inquiry. Interns are expected to incorporate research into their presentation. This may include presentation of their dissertation research project to prepare for their defense, or any topic of their choice. Interns will receive immediate feedback and evaluation from Training Committee members after their Grand Rounds presentation.

Assessment Lab

This series is intended for CRH interns to cover advanced topics and considerations in assessment with adult, geriatric, child and adolescent, and forensic populations. Assessment Lab is held from 12 p.m.- 1 p.m., one Monday per month from September until June. Presenters include CRH psychologists as well as external psychologists and will be held both in person and virtually, dependent on presenter schedule and availability.

Intern Seminar

On a monthly basis, interns meet with the training director prior to Grand Rounds for one hour. This time alternates between a space for discussing their overall experiences at the hospital, informal case presentations to better understand the clinical work across intern tracks and identified topics for guided discussions.

Lunch & Learn

This series is intended for CRH interns to discuss issues and considerations in interdisciplinary consultation, leadership, and advocacy on treatment teams. The format is more conversational, and presenters will facilitate discussion of case examples that illustrate various common conflicts and considerations on interdisciplinary teams at the micro and macro systemic levels. Interns will have the opportunity to hear from multiple psychologists across services, allowing for exposure to a wide variety of issues and approaches to interdisciplinary consultation, leadership, and advocacy.

The Lunch & Learn series is held once per month after Friday didactic series, from September through the end of July. In June and July, the series will occur twice per month to allow for intern presentations specifically related to their interdisciplinary work on treatment teams throughout the year.

OPTIONAL

Psychology Grand Rounds

Presenters have included CRH Psychology Faculty and outside Psychologists. Psychology Grand Rounds are sponsored by the North Carolina Psychological Association for CE credit for psychologists and sponsor CME and CE credits for both Physicians and Social Workers.

Psychology Grand Rounds are typically scheduled monthly on Fridays from 12 to 1 p.m..

UNC Child and Family Guidance Program (Prestwick Building in Chapel Hill)

Coordinated by UNC faculty, there is a weekly 90-minute teaching conference on Thursday mornings, Group Supervision for Psychological assessment on Thursday mornings, and a 60-minute didactic seminar on Thursday afternoons. This is intended for clinic staff and all trainees at the Child and Family Guidance Program, including the Child-Adolescent focus intern.

Psychiatry Grand Rounds

Coordinated by Duke University Department of Psychiatry. Grand Rounds are held on Thursdays from 12 to 1 p.m. Open to all trainees.

Forensic Grand Rounds

Coordinated by CRH Forensics Department. Forensic Grand Rounds is held virtually the first Tuesday of every month. Speakers include a mix of forensic psychiatrists and psychologists from Central Regional Hospital as well as invited guest speakers from across the country, offering diverse perspectives on contemporary issues in forensic practice.

MRI Rounds

2nd and 4th Mondays 3:30 to 4:30 p.m. 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.

McEvoy Rounds

Each Friday from 12 to 1 p.m., interns may join psychiatry residents to observe seasoned psychiatrists and psychologists interview a patient blindly, after a brief overview of the patient as presented by a medical resident. These offer a method of increasing clinical skills, discussing complex case presentations, and observing differing styles of interview.

Approved Webinar Series

CRH interns can attend regularly scheduled webinars that cover relevant topics complementing their training. These include:

University of North Carolina - Chapel Hill School of Social Work Clinical Lecture Series: Scheduled regularly on Mondays and/or Tuesdays at 12 p.m. The Clinical Lecture Series provides lunchtime training on best practices for students, professionals, community members, and all who care for individuals and families in ways that are therapeutic, anti-oppressive, intersectional, and centered on self-determination. Past presentations can be viewed as well at no cost to the intern.

University of New Mexico Law and Mental Health Series: Scheduled regularly on Tuesdays from 1 to 2 p.m. EST. This online weekly series offers live presentations by national and international experts on topics regarding the intersection of law, criminal justice and behavioral health. Speakers represent a variety of fields and have included forensic psychologists and psychiatrists, social workers, attorneys, judges and researchers.

NOTE: Webinars are not to be used in lieu of required didactic training, but may be used as a supplement, to makeup missed didactic hours, or in substitution if a scheduled presenter cancels a regularly scheduled didactic presentation.

OFF-SITE CONFERENCES & WEBINARS

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

Interns may attend webinars held outside of working hours (e.g. a Saturday webinar hosted by a state psychological association) or that are sponsored by external organizations and have that counted toward their 2,000-hour experience; however, the webinar must be **pre-approved** by the Internship Director and documentation of the topics included and proof of attendance must be provided.

TRAINING COMMITTEE

Internship Director

Michelle Marquez, Psy.D. Senior Psychologist, AAU. PsyD from Pace University, 2008. Special interests in systemic and multidisciplinary consultation and intervention, multicultural and linguistic issues, and severe mental illness.

Psychology Director

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

Program Coordinators

Rebecca Aguiar, Ph.D. Program Coordinator for Forensic focus intern. Senior Psychologist. Ph.D. from the University of Rhode Island, 2020. Special interests in forensic assessment, cultural considerations in forensic mental health, severe mental illness, personality disorders, substance misuse, and supervision.

Kaleigh Caldwell, Psy.D. Program Coordinator for Adult focus intern. Senior Psychologist, AAU. Psy.D. from Georgia Southern University, 2019. Special interests include severe mental illness, personality disorders, and clinical supervision.

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

Susan Hurt, J.D. Ph.D. Program Coordinator for Child and Adolescent intern. Chief Psychologist, Child-Adolescent Unit. J.D. from Cornell Law School, 1986. Ph.D. from University of Virginia 2002. Special interests in juvenile forensic assessment, inpatient treatment of Child and Adolescents, and ethics education.

Drs. Lee-Anderson, Helminski, Harris, Locklair, Reagin, Schwartz, and Vanbeek also serve on the Training Committee; see Bios below.

SUPERVISORS

The internship is fortunate to have a highly qualified pool of supervisors. Several hold appointments at UNC Chapel Hill or Duke University. Many serve as Chief Psychologists for their unit. Five hold diplomates (ABPP).

ADULT SERVICES (AAU AND CTU)

Danielle Balzafiore, Ph.D. Senior Psychologist, AAU. Ph.D. from Palo Alto University, 2017. Special interests in women's mental health, serious mental illness, eating disorders, psychological assessment.

Kaleigh Caldwell, Psy.D. See above description under Training Committee.

Trinda Lee-Anderson, Ph.D. Chief Psychologist, Adult Admissions Unit. Ph.D. from University of Virginia, 2004. Special interests in psychotic disorders, anger management, capacity restoration.

Michelle Marquez, Psy.D. See above description under Training Director.

Cristian Onofrei, Ph.D. Senior Psychologist, AAU. Ph.D. from Boston University, 2011. Special interests in projective testing and behavioral treatment of SMI.

Dusty Reagin, PsyD. Chief Psychologist, CTU. Psy.D. from The Wright Institute, 2014. Special interests in personality disorders, psychopathy, violence risk assessment, DBT, and multicultural issues.

CHILD AND ADOLESCENT UNIT (CAU)

Susan Hurt, J.D. Ph.D. See above description under Training Committee.

Shentelle Livan, LPA. Staff Psychologist, CAU. M.A from North Carolina Central University, 2013. Special interests include mental health disparities in youth; child & adolescent mental health; relationship issues.

Lauren Delgaty, Ph.D. Staff Psychologist, CAU. Ph.D. in School Psychology from UNC-Chapel Hill, 2026. Special interests include trauma-informed care, interdisciplinary collaboration, and systemic advocacy to enhance trauma-informed care and hospital treatment for children and adolescents.

FORENSIC EVALUATION SERVICE (FES)

Rebecca Aguiar, Ph.D. See above description under Training Committee.

Benjamin Locklair, J.D., Ph.D. Senior Psychologist, FES. Senior Psychologist. J.D. from Drexel University, 2016. Ph.D. from Drexel University, 2018. Special interest in forensic assessment, capacity to proceed, and criminal justice/behavioral health program development

Matthew McNally, Ph.D., ABPP – Forensic, Forensic Evaluation Service Supervisor and Forensic Postdoctoral Fellowship Director. Ph.D. from West Virginia University, 2016. Special interests in forensic assessment, public policy, and supervision.

Mina Ratkalkar, Ph.D., LCSW Senior Psychologist, Forensic Evaluation Service (FES). MSW from Columbia University, 2012. Ph.D. from Drexel University, 2020. Special interests in forensic assessment, cultural considerations in forensic mental health, bias identification and mitigation in forensic evaluation, and assessment related to sexuality and sexual behavior.

Kymmalett Ross, Ph.D. Senior Psychologist, Forensic Services Unit. Ph.D. from Texas Tech University, 2023. Special interests in forensic mental health assessment, sexual and violence risk assessments, sexual recidivism and treatment, and the treatment and assessment of justice involved persons with mental illness.

Madison Gallimore, Ph.D. Senior Psychologist, Forensic Services Unit. Ph.D. from West Virginia University, 2024. Special interests in juvenile justice, forensic assessment, and developmental psychology.

Megan Whitman, Ph.D. Senior Psychologist, Forensic Evaluation Service. Ph.D. from Kent State University, 2025. Special interests in forensic assessment, psychological and neuropsychological testing, personality disorders, and research on applications of the MMPI instruments in forensic settings and public policy.

Yasmeen Abdelaal, PsyD. Senior Psychologist, Forensic Evaluation Service. PsyD from The Chicago School of Professional Psychology, 2020. Special interests in criminal forensic evaluations, forensic assessment instruments, relevancy focused evaluations and report writing, expert testimony, forensic supervision, and training.

FORENSIC SERVICES UNIT (FSU)

Astrid Ertola, Ph.D. Senior Psychologist, Forensic Services Unit. Ph.D. from Fielding University, 2013. Special interests in severe and persistent mental illness, forensic treatment, and risk assessment.

John Helminski, Psy.D. ABPP – Forensic 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.

Erika VanBeek, Psy.D. Senior Psychologist, Forensic Services Unit. Psy.D. from William James College, 2017. Special interests in psychodiagnostic assessments, sexual and violence risk assessments, individual and group therapy targeting risk reduction, transference and countertransference issues in treatment, and research on NGRI treatment programs in the U.S.

GERIATRIC SERVICES UNIT (GSU)

Laura Clark, Ph.D. ABPP – Geropsychology. See above description under Training Committee.

Laurel McHone, Psy.D. Senior Psychologist, GSU. Psy.D. from Florida Institute of Technology, 2015. Special interests include personality testing for patients with SMI, behavioral assessment/interventions, and brief inpatient psychotherapy.

Eric Elbogen, Ph.D., ABPP - Forensic Psychology. Professor, Department of Psychiatry and Behavioral Sciences, Duke University School of Medicine. Ph.D. from University of Nebraska-Lincoln, 2001. Works as consulting neuropsychologist at Central Regional Hospital. Special interests in traumatic brain injury, posttraumatic stress disorder, forensic and neuropsychological assessment.

UNC HOSPITALS MAIN HOSPITAL

Hannah Allen, Ph.D. Assistant Professor, UNC Chapel Hill. Ph.D from University of Tulsa, 2018. She currently conducts evaluations and consultations at the UNC Neuropsychology Clinic and UNC Children's Hospital. Dr Allen is also part of the UNC Cerebral Palsy Clinic and the UNC REACH team. Special interests include neuropsychological assessment of children.

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. ABPP – 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.

Robert Kanser, Ph.D. – Clinical Assistant Professor, Department of Physical Medicine and Rehabilitation, UNC Chapel Hill. Ph.D. from Wayne State University (2018). In addition to his work at UNC, Dr. Kanser is a consultant for the Carolina Hurricanes and works in a multidisciplinary clinic for veterans, first responders, and end-of-career military service members with concerns for repeated head injury (RHI). Special interests include acquired/traumatic brain injury, RHI/CTE, aging/dementia, movement disorders, and performance validity testing.

Andrea Kurasz, Ph.D. Assistant Professor, Neuropsychology, UNC Chapel Hill. Ph.D. from University of Florida, 2023. Special interests in neurodegenerative diseases, patient-centered care, and cross-cultural assessment.

UNC-CH CHILD AND FAMILY GUIDANCE PROGRAM (PRESTWICK BUILDING IN CHAPEL HILL)

Samuel Flescher, M.S.W. Social Worker, UNC-CH Child and Family Guidance Program. M.S.W. from Smith College School of Social Work, 2015. Clinical Instructor UNC School of Medicine Dept of Psychiatry. Special interests in clinical supervision; psychotherapy with children and adolescents; play therapy; and parent guidance therapy.

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. Ph.D. from UNC-Chapel Hill, 2002. Special interests in adolescence, multicultural issues, and personality assessment in children/adolescents.

CENTRAL REGIONAL HOSPITAL FACULTY PSYCHOLOGISTS

Lilith Antinori, Psy.D. Senior Psychologist, CTU. Psy.D. from George Washington University, 2022. Special interests include contemporary psychodynamic therapy for complex trauma and personality disorders, identity, multicultural issues, and neuro-affirming care for autistic adults.

Radha Carlson, Ph.D. Lead Chief Psychologist, AAU. Ph.D. from the University of Miami, 2011. Special interests in therapy for severe mental illnesses and personality disorders; program development; role of psychologists in hospital initiatives and systems.

Robert Melin, Psy.D. Director, Psychosocial Treatment Department. Psy.D. from the Chicago School of Professional Psychology, (2000). Special interests in program design, systems consultation, working with forensic/correctional populations, incorporating and addressing static and dynamic risk factors to reduce relapse in high-risk populations, CBT for Psychosis, and integrated treatment models.

Stephanie Moss, LPA. Staff Psychologist, CTU. M.A from Appalachian State University, 2017. Special interests include Acceptance and Commitment Therapy, Motivational Interviewing, severe mental illness, and milieu treatment.

Pamela Smith, Ph.D. Senior Psychologist, AAU. Ph.D. from Duke University, 1986. Special interests include substance use disorders, individual capacity restoration, developmental disabilities, learning disabilities.

CENTRAL REGIONAL HOSPITAL BEHAVIORAL PROGRAMMING SPECIALISTS

Behavior Programming Specialists (BPSs) are integral members of the Psychology Department, providing essential, intersectional behavioral support across units by delivering individualized skill-building, facilitating social engagement, reinforcing behavioral intervention plans, coaching staff, and maintaining a therapeutic milieu. Their work ensures that patients with diverse identities, developmental needs, and behavioral presentations receive consistent, culturally responsive, and trauma-informed care. By collaborating closely with psychologists and unit teams, BPS help implement and sustain unit-wide behavioral programs that promote safety, equity, and positive patient outcomes.

Heather Clark: Adult Admissions Unit, Community Transitions Unit

Malcolm Jones: Child and Adolescent Unit

Keely Neeld: Adult Admissions Unit, Community Transitions Unit

Crystal Rose: Geriatric Services Unit

Back Row (Left to Right): Crystal Rose, Keely Neeld, Heather Clark, Astrid Ertola, Michelle Marquez, Malcolm Jones, Sherry Beck, Kaleigh Caldwell, Mary Milo Woodley (Intern), Dustin Reagin, Brian Grover

Front Row (Left to Right): Danielle Balzafiore, Pamela Smith, Laney Margolis, Susan Hurt, Trinda Lee-Anderson, Laura Clark, Radha Carlson, Stephanie Moss

HOSPITAL NONDISCRIMINATION POLICY

Interns are welcomed and encouraged to notify the Training Director at the beginning of the internship year regarding any personal, cultural, religious, accessibility-related, or identity-related needs that may affect their training experience. Early communication allows the internship to provide appropriate support, ensure equitable access to training opportunities, and uphold a respectful, inclusive learning environment.

Interns may also discuss concerns at any time during the training year with the Training Director, Program Coordinator, or through the program's established processes for raising concerns, including informal consultation or formal grievance procedures.

POLICY ON NONDISCRIMINATION

The Internship adheres to the Equal Employment Opportunity (EEO) policy of the State of North Carolina. In accordance with G.S. 126-16, G.S. 168, and the State Human Resources Commission's EEO Policy, the State of North Carolina prohibits discrimination, harassment, or retaliation against any employee or applicant based on race, religion, color, national origin, ethnicity, sex, pregnancy, gender identity or expression, sexual orientation, age (40 or older), disability, genetic information, political affiliation, National Guard or veteran status.

This policy applies to all aspects of employment, including:

- Recruitment and selection of employees
- Hiring, dismissal, and disciplinary actions
- Compensation, classification, and assignment of duties
- Promotion, training, career development, transfer, and reduction-in-force
- Benefits, working conditions, and any other terms and conditions of employment

Equal employment opportunities for individuals with disabilities include providing reasonable accommodations to known physical or mental limitations of qualified applicants or employees, unless doing so would impose an undue hardship on agency operations. Reasonable accommodation may include making facilities accessible, job restructuring, modified work schedules, acquisition or modification of equipment, or the provision of readers, interpreters, or similar services.

In addition to State law, the Internship complies with applicable federal laws, including the Civil Rights Act of 1964, as amended, which applies to State and local governments.

HOSPITAL DRUG, VACCINE, AND BACKGROUND CHECK POLICIES

Central Regional Hospital (CRH) follows the NC Department of Health and Human Services (NCDHHS) policy on Alcohol and Drug Free Workplace. The Hospital is committed to providing an alcohol and drug free workplace for all employees. The unlawful manufacture, distribution, dispensation, sale, possession, or use of controlled substances; the possession or use of alcoholic beverages; and the possession of and manufacture or delivery of drug paraphernalia is prohibited on Hospital premises.

Psychology interns are considered hospital employees and are required to submit a pre-employment drug screening. All offers for positions requiring pre-employment drug testing shall be conditional offers upon satisfactory test results. A refusal to submit, fail to show, or tampering with a sample or a positive test result that cannot be explained to the satisfaction of the Medical Review Officer and the employing agency shall result in the offer of employment or continued employment service being withdrawn. This includes all marijuana, THC, and CBD products, regardless of legality in other areas or possession of a medical prescription.

Central Regional Hospital requires proof of vaccination for measles, mumps, rubella, pertussis (whooping cough), and varicella (chicken pox) unless there is a medical contraindication with approved medical exemption or approved religious exemption. COVID-19 vaccination is recommended but not required at this time; however, that policy is subject to change. Interns will be required to receive an updated flu vaccination after September 1 and by November 1 of their internship year. Medical and religious vaccination exemptions are approved on an individual basis and are not guaranteed.

Psychology interns will undergo a background check as part of their offer of employment. Previous convictions are not immediate grounds for revocation of an employment offer, unless convicted of charges of a violent nature. Questionable background check results will be evaluated on an individual basis.

HOSPITAL CODE OF PERSONAL CONDUCT

To promote high standards of patient care and a professional environment, it is the policy of Central Regional Hospital (CRH) that all members of the hospital staff treat all individuals (patients, visitors, co-workers, etc.) in a manner that promotes a culture of safety. Staff shall maintain professional, positive relationships with one another and demonstrate professional courtesy for the purpose of maintaining effective working relationships, to serve as appropriate role models for patients, and to project a positive image of Central Regional Hospital. Staff members are expected to treat patients with dignity and respect and assure that patient rights are preserved**.** Behaviors that undermine our culture of safety are to be promptly addressed in a consistent manner. CRH prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socio economic status, sex, sexual orientation and gender identity or expression.

Definitions:

Staff Code of Personal Conduct: Expectations regarding employees' behavior toward their colleagues, supervisors, patients, visitors, all other internal and external customers and stakeholders and the organization as a whole. Employees are bound to follow all legal and regulatory requirements, ethical standards and applicable policy expectations.

Disruptive behaviors that undermine a culture of safety and risk maintaining effective working relationships may include, but are not limited to, the following:

1. Abusive, bullying, teasing, taunting, baiting or threatening language;
2. Degrading or demeaning comments regarding patients, families, hospital employees or the hospital;
3. Inappropriate physical contact that is threatening or intimidating;
4. Inappropriate expressions of anger such as destruction of property or throwing items;
5. Intimidation, verbal or physical;
6. Public derogatory comments about the quality of care being provided by any clinical staff or the hospital;
7. Deliberate avoidance or refusal to perform assignments, functions and/or duties and responsibilities that are part of one's job expectation and create risk to patient care;
8. Inappropriate medical record entries concerning the quality of care being provided by the hospital and/or specific practitioners; and
9. Behaviors that are inconsistent with hospital or State Human Resources policy on workplace safety, sexual harassment and/or the staff code of conduct.

Feedback offered with the purpose of improving patient care is not considered undermining to a culture of safety as long as the critique is offered in a respectful and courteous manner.

HOSPITAL CODE OF PERSONAL CONDUCT (CONT.)

Unacceptable Personal Conduct: Just cause to issue a warning or take other disciplinary action for unacceptable personal conduct may be created by intentional or unintentional acts. The conduct may be job-related (on-duty) or off-duty so long as there is a sufficient connection between the off-duty conduct and the employee's job. Unacceptable personal conduct means:

1. Conduct for which no reasonable person should expect to receive prior warning;
2. Job-related conduct which constitutes a violation of State or federal law;
3. Conviction of a felony or an offense involving moral turpitude that is detrimental to or negatively impacts the employee's service to the State;
4. The willful violation of known or written work rules;
5. Conduct unbecoming a State employee that is detrimental to State service;
6. The abuse of client(s), patient(s), student(s), or person(s) over whom the employee has responsibility or to whom the employee owes a responsibility, or the abuse of an animal owned by or in custody of the State;
7. Material falsification of a State application or other employment documentation;
8. Insubordination, which means the willful failure or refusal to carry out a reasonable order from an authorized supervisor;
9. Absence from work after all authorized leave credits and benefits have been exhausted.
10. Examples of unacceptable personal conduct may include, but are not limited to:
11. Use of professional State credentials for personal gain
12. Serious disruption in the workplace
13. Subjecting an employee, client, contractor, or customer to intentionally discriminatory treatment or harassment
14. Falsification of work-related documentation, such as a timesheet

Violation of these policies would result in investigation and/or other actions taken.

HOSPITAL POLICY ON ABUSE, NEGLECT, EXPLOITATION, OR OTHER INFRINGEMENT OF RIGHTS

Rights infringements (including, but not limited to, abuse, neglect, and exploitation) of patients are strictly prohibited and are not tolerated. All hospital staff are responsible for responding promptly and appropriately to protect patients if a rights infringement is alleged or suspected. All known or suspected rights infringements are reported, investigated, and documented in accordance with this policy.

DEFINITIONS:

1. Abuse: The infliction of physical or mental pain or injury by other than accidental means; or the unreasonable confinement; or the deprivation by an employee of services which are necessary to the mental and physical health of the individual served or using restraint, seclusion, or isolation as retribution. Confinement that protects an individual served from immediate harm is not considered unreasonable confinement.
2. Physical Abuse: The infliction of physical discomfort, injury, or pain through the use of physical force by other than accidental means.
3. Emotional Abuse: Abusive verbal or nonverbal interactions with or in the presence of patients that may result in distress, fear, or a negative reaction.
4. Sexual Abuse: To engage in any form of sexual activity toward or with an individual served.
5. Verbal Abuse: The use of words to inflict emotional harm.
6. Exploitation: The use of a patient or his/her resources including borrowing, taking, or using personal property with or without the patient's permission for another person’s profit, business, or advantage. The misuse of a patient’s identity is also considered exploitation.
7. Neglect: Failure to provide care or services necessary to maintain the mental health and/or physical health of the patient.
8. Rights Infringement: Failure to assure that an individual served by the facility can exercise the rights afforded to them by state statutes, Human Rights Rules, and CRH regulations and policies. Rights can only be restricted as allowed by law and outlined in CRH policy.
9. Misdemeanor Child Abuse: Any incident where a person providing care to or supervision of such child inflicts physical injury, or allows physical injury to be inflicted, or creates or allows to be created a substantial risk of physical injury, upon or to such child by other than accidental means.

If an intern sees or hears a report that patient rights have been violated, the intern is required to contact the CRH Advocacy Department in consultation with their supervisor.

DEPARTMENTAL 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 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;
2. Troubleshoots office equipment problems for interns;
3. Assists in scheduling interview days with internship applicants;
4. Maintains an accurate list of current faculty involved in internship;
5. 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 equipment 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 hospital's performance remediation policy;
8. Required communications with graduate programs;
9. All communications with licensing boards.

Records are securely stored on internal CRH servers accessible by the Internship Director and Director of Psychology. All records will be transferred to future Internship Directors.

INTERNSHIP POLICIES AND PROCEDURES

INTERNS WORKING FROM HOME

The internship program expects interns to be fully engaged on site or at their assigned off-site placement during scheduled hours. We value a healthy separation between work and personal life, and interns can generally expect to complete their responsibilities within a reasonable on-site workday. If or when additional time is needed for documentation or report writing, interns may choose to stay after hours at their discretion, with supervisory approval.

Exceptions to this policy can be made in extraordinary circumstances.

To do any work at home that will count toward 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; no patient contact of any kind is to be made from home (i.e. forensic interview).

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. Establish a defined start and end date and times for the work-from-home period.

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

8. Complete all work between the hours of 8am-5pm unless modified hours are pre-approved by program coordinator and internship director.

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

INTERNSHIP POLICIES AND PROCEDURES

ARTIFICIAL INTELLIGENCE USE

All AI use must comply with hospital-wide policies as well as APA ethical standards for technology-assisted practice. Only CRH approved AI tools may be used (i.e. Microsoft Copilot), and no patient-identifying information may be entered into any system.

AI may support workflow tasks but cannot replace professional judgment. Interns and supervisors remain fully responsible for all clinical decisions and documentation. Significant AI involvement in clinical work must be disclosed to supervisors, with attention to accuracy, privacy, and bias.

Failure to adhere to AI policy may result in restricted AI access or corrective action.

Examples of Permitted AI Use

- Drafting non-clinical text — e.g., outlines for presentations, study materials, or general writing support.
- Summarizing de-identified content — using AI to condense policies, research articles, or training materials with no PHI.
- Administrative assistance — drafting schedules, checklists, or templates that contain no sensitive information.

Examples of Prohibited AI Use

- Entering PHI or sensitive case details — including names, demographics, diagnoses, legal information, or narrative descriptions.
- Using AI to write clinical documentation — progress notes, evaluations, or reports, even if partially de-identified.
- Relying on AI for clinical decisions — diagnosis, risk assessment, treatment planning, or forensic opinions.
- Uploading institutional or DHHS-restricted materials — internal documents, forms, or training materials not approved for external systems.

Interns must consult their supervisor **before** using AI tools for any purpose not clearly listed above.

When in doubt, supervisors' guidance determines whether AI use is permitted.

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 all applications and removes those that do not meet minimum criteria. Remaining applications are forwarded to the Program Coordinator for the applicant's focus area.
The Program Coordinator reviews all applications for their focus area. If they recommend an application be removed, they discuss it with the Internship Director to determine whether a second review is needed.

For applications retained in the pool, the Program Coordinator selects at least one additional faculty reviewer (which may include the Internship Director), ideally from the same focus area or a likely minor interest. Reviewers receive application materials without being informed of prior ratings. Second reviewers submit ratings to the Program Coordinator and Internship Director. If the second reviewer's rating differs by more than one category from the Program Coordinator's rating, a third blind review is obtained.

Applicants selected for interviews form the final pool; applicants not invited are informed they are no longer under consideration. By the first Friday in December, the Internship Director notifies all applicants whether they are 1) no longer being considered for ranking or 2) being offered an interview.

Step 2: Select Interview dates; Set master interview schedule

The program conducts all interviews by videoconference. The Training Committee identifies four full interview days in January, typically Tuesday and Friday of one week and Monday and Thursday of the next, to maximize scheduling flexibility.

Central Regional Hospital uses the NMS scheduling portal. Applicants receive a personal invitation on the first Friday in December, followed by an NMS scheduling link the next Monday.

The Internship Director creates a master interview schedule for each interview date.

Each applicant participates in three interviews: with the Program Coordinator, another faculty member from their focus area, and usually a third faculty member aligned with a potential minor interest.
Applicants receive individualized schedules with MS Teams links in advance.

Step 3: Interview applicants

Interviews are typically one hour and follow APPIC policies regarding contact with applicants. Interviewers must not disclose or request ranking information; violations could result in APPIC sanctions and jeopardize accreditation.

Interviewers complete an "Internship Interview Feedback" form promptly after the completion of the interview and send it to the Program Coordinator and Internship Director. Before individual interviews, group informational sessions are held with the Internship Director and Program Coordinator. A separate informational session is held with current interns without faculty present. If this is not feasible, interns must be available by email. Current interns do not interview applicants, review applications, or provide evaluative feedback.

Step 4: 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.

The Internship Director submits the ranking lists to National Matching Services (NMS) electronically. The Internship Director is responsible for confirming the lists with NMS after entry.

Step 5: 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 via phone following the Match to confirm their acceptance of the results of the Match.

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

Step 6: Unfilled positions in the Match

If any intern slot remains unfilled after the Match, the position will be listed as open, applications will be accepted, and applicants interviewed and ranked via Stage II of the Match process and in accordance with APPIC requirements.

INTERNSHIP HOURS

Total Internship Hours

The internship is a full-time, 12-month, 2,000-hour clinical training experience. Interns are expected to work from 8 a.m. to 5 p.m. Monday through Friday, with a 30-minute lunch break. Interns are not assigned specific duties on weekends and are not expected to work on designated state holidays, as their supervisors will not be present.

Interns track their hours throughout the year to document completion of the 2,000-hour, 12-month requirement, confirm their training experiences are appropriately balanced, and ensure they are not being overburdened. The logs also verify that interns are gaining sufficient experience to meet core competency standards. Program Coordinators and the Internship Director review these logs quarterly.

Leave & Hour Completion

1. Eligibility for Unpaid Leave: Interns may take unpaid leave as reasonably needed, provided the following conditions are met:

- Clinical Responsibilities: The leave must not compromise essential clinical duties or disrupt patient continuity of care.
- Hour Requirement: The intern must remain on track to meet the minimum 2,000 hours required for successful completion of the internship.

2. Impact of Leave on Hour Accrual: If an intern's leave places progress toward the 2,000-hour minimum at risk, the missed clinical hours must be made up later, regardless of the reason the leave was taken initially.

- Interns will collaborate with their supervisor and internship director to develop a feasible plan to ensure completion of the 2,000-hour requirement by the end of the internship year, including the possibility of extending the training year to complete the hours if necessary.

3. Notification Procedures

- Anticipated Leave: Interns must notify all affected supervisors in advance when leave is planned.
- Unanticipated Leave: For unexpected absences (e.g., illness), interns must contact all affected supervisors as soon as possible on the day of the absence.

INTERNSHIP HOURS (CONT.)

International Students:

Interns on F-1 visas who require Curricular Practical Training (CPT) authorization are welcome. Although CPT is typically feasible, university policies may not always align with internship requirements for continuity, weekly hours, supervision, or training dates. Interns should inform the Training Director at the outset of the training year of any CPT needs or documentation requirements. Interns will receive assistance with required documentation, while remaining ultimately responsible for maintaining valid F-1 status and CPT authorization throughout the internship. Timely communication supports uninterrupted training.

Medical & Parental Leave:

Interns are not eligible for FMLA or paid parental leave under DHHS policy. However, the internship program is committed to supporting interns who need medical or parental leave. Leave plans are developed collaboratively, with careful attention to applicable institutional and legal policies.

Interns will still need to meet all required competencies and training hours to complete the internship successfully. Depending on the timing and length of leave, training schedules may need adjustment, and in some cases the training period may be extended. CRH may require documentation in cases where substantial changes to an intern's training activity are requested. The program will work closely with interns to balance their well-being with the need to uphold programmatic, institutional, and legal requirements.

PROFESSIONAL DEVELOPMENT TIME

All interns may take up to 4 hours per week during regularly scheduled work hours 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
- licensure exam preparation
- 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 do with these hours, being physically present at the hospital during these hours may not be required.

Although these optional professional development hours do not accumulate, interns may request in writing to their program coordinator to flex their weekly professional development time. With approval, an intern may use the equivalent of these hours to take up to two consecutive full days within any four-week period, particularly when their planned professional development activities are better accomplished in full day blocks.

OFF-SITE TRAINING

The Psychology Internship provides required didactic experiences designed to meet the minimum didactic-training expectations outlined by both APA and APPIC. These experiences are structured to ensure compliance with regulatory requirements regarding didactic hours while also supporting the development of the core professional competencies identified in the APA's competency benchmarks for health service psychology.

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 a maximum of two 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 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, to be available for both scheduled and unscheduled supervision. Interns are required to have at least two scheduled hours of supervision each week with their primary supervisor(s), in addition to at least one hour of scheduled supervision with their minor rotation supervisor, if applicable. Interns also receive in-vivo supervision and consultation as necessary to provide patient care. Group seminar is also held with the Internship Director monthly, which occurs prior to Friday Grand Rounds presentations.

If a supervisor cannot be present as expected due to an unforeseen circumstance or plans for time off, the supervisor 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 on weekends.

Interns may choose to stay after 5 p.m. with supervisor approval to complete documentation or report writing. If an intern chooses to stay after hours, they may not conduct patient contact activities if their supervisor is not present on-site.

Interns and supervisors are given the same 12 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.

INTERN EVALUATION PROCEDURE

MINIMUM LEVELS OF ACHIEVEMENT

In accordance with APA guidelines, all interns are required to meet minimum standards of achievement in each core competency area by the conclusion of the internship year. To support this expectation, the intern and Program Coordinator collaborate to develop a training schedule designed to ensure that these standards will be met. The Program Coordinator regularly monitors the intern's progress toward these expectations. If an intern does not progress adequately, the supervisor, in consultation with the Training Committee, will implement appropriate remediation strategies, which may include adjustments to the training schedule while maintaining compliance with overall program requirements. Multiple methods are used to determine whether interns have achieved the minimum standards by the end of the internship.

INTERNSHIP COMPETENCY RATING FORM

In accordance with APA guidelines outlining the competencies required for successful transition to entry-level practice in health service psychology, the program evaluates intern performance across nine core competency domains throughout the training year.

Each competency domain consists of multiple competency elements that together represent the behaviors, skills, and professional attitudes expected for competent practice. Supervisors provide an Overall Rating for each domain, and formal evaluations occur at three, six, nine and 12 months to document developmental progress and identify strengths as well as areas needing additional training to meet established competency benchmarks.

A five-point Likert scale is used to assess competency development:
1 – New to this skill
2 – Foundational but inconsistent emerging skill
3 – Developing skill; approaching readiness with supervision
4 – Demonstrates overall competency; ready for entry-level practice in this area
5 – Demonstrates competency beyond what is expected at internship completion; functions at the level of an independently practicing clinician

Consistent with APA requirements, the minimum level of achievement (MLA) for all competency domains is a rating of 4.

All primary supervisors on major and minor rotations complete core competency ratings for each intern, and rating forms are sent to the Program Coordinator, who then provides the final rating at each evaluation interval. All major and minor supervisors must rate any competency they can reasonably assess. If a minor supervisor cannot rate a particular skill, then it should be rated No Opportunity to Observe (N/O) and will not be considered in the overall rating. Specialty skills should be described in the narrative form instead if a minor supervisor is unable to give an adequate rating due to an intern's lack of previous experience. Minor rotation ratings of skills that can be reasonably assessed are taken into equal consideration in the formulation of the

Overall Rating. Performance concerns observed in any rotation, major or minor, must be reflected in the competency score.

Because each competency must be rated above three at the nine- and 12-month evaluations, any competency with a rating of 3.5 is considered below the expected competency benchmark and will require further review by the Internship Director and Program Coordinator. Similarly, at the six-month evaluation, any competency with a rating of 2.5 or below requires further review by the Program Coordinator and Internship Director. These midyear competency benchmarks reflect developmental expectations, whereas successful completion of internship requires meeting the Minimum Level of Achievement (MLA) of a 4 in all competency domains by the 12-month evaluation.

SUCCESSFUL INTERNSHIP COMPLETION

To complete the internship, interns must meet the following ratings criteria in addition to the completion of 2,000 hours of clinical experience. The intern must obtain Overall Ratings of four or higher on all nine competency domains at the 12-month evaluation.

The intern must additionally meet competency expectations at the level of individual elements. Specifically, at the final evaluation at least 95% of all individual competency elements rated by major rotation supervisors must be scored four or above. No more than three elements may be rated as three. No elements may be rated one or two. These requirements ensure that interns demonstrate both domain-level readiness and consistency across the individual skills and behaviors that make up each competency domain.

SPECIALTY POPULATION COMPETENCIES

Internship Competency Rating Form

In addition to the general competencies, the program evaluates interns on the specialty-population competencies relevant to their assigned training track (e.g., Adult SMPI, Child and Adolescent, Forensic, Neuro-Geropsychology). Each track includes competency elements specific to its focus area, and these elements are assessed by:

1. Major rotation supervisors, and
2. Minor rotation supervisors, when the minor rotation involves work with a relevant specialty population (e.g., Neuro-Geropsychology competencies assessed for an Adult Track intern completing a Neuro-Gero minor rotation).

When specialty-population competencies are evaluated as part of a minor rotation, the intern's performance is assessed in relation to the level of competence expected of an entry-level psychologist whose general practice may include, but is not centered on, that specialty area. Interns completing minor-rotation work in a specialty population are therefore not expected to demonstrate the same level of proficiency as interns completing year-long training within that specialty track.

OVERALL PROGRESSION OVER COURSE OF INTERNSHIP

Supervisor Narrative Feedback Form

All primary supervisors complete a Supervisor Narrative Feedback Form at the six- and 12-month evaluation points to provide qualitative feedback regarding the intern's overall development, strengths, and areas for continued growth. This narrative evaluation supplements the competency-based ratings by offering a broader perspective on professional functioning and developmental trajectory.

The Supervisor Narrative Feedback Form may also be completed at any point during the training year if concerns arise regarding an intern's performance. In such cases, the form can support the development of an informal support plan and/or formal improvement plan by documenting specific concerns and outlining the targeted support, supervision, and training activities needed for the intern to meet the minimum levels of achievement.

MINIMUM NUMBER OF ASSESSMENTS AND TREATMENT HOURS

Each intern is required to complete a **minimum of 12 assessments** over the course of the training year. This requirement may be met through any form of psychological assessment appropriate to the intern's rotations and training experiences.

In addition, each intern must complete a **minimum of 400 hours of face-to-face treatment** across the year. These hours may be accumulated through any approved treatment modality provided within the scope of the intern's rotations.

PERFORMANCE IMPAIRMENT AND GRIEVANCE POLICIES

1. PURPOSE AND SCOPE

This policy establishes the procedures for evaluating intern performance, providing feedback, identifying concerns, addressing supervisor performance issues, and resolving disputes. It ensures that all actions are fair, consistent, transparent, and aligned with professional and ethical standards.

All interns receive this policy, along with all other Internship policies, at the start of the training year.

2. EXPECTATIONS, EVALUATION STRUCTURE, AND ONGOING FEEDBACK

Rotation Agreements

At the start of each training rotation, the intern and supervisor complete a Rotation Agreement outlining:

1. Expected experiences
2. Intern responsibilities
3. Supervisor responsibilities

This agreement promotes mutuality, openness, and clarity in the supervisory relationship.

Formal Evaluation Schedule

Competency thresholds vary across the year to reflect expected developmental growth. Early in training, more variability is expected, whereas mid-year and end-of-year competency thresholds reflect increasing independence. Supervisors may identify concerns at any time if performance falls significantly below expectations or if risk, ethical, or legal issues emerge.

Interns receive structured evaluations as follows:
- **Every three months:** Competency Rating Form assessing nine core competencies and track-specific skills
- **At nine months:** A standard competency rating to monitor progress prior to the final evaluation period
- **At six and 12 months:** Competency Rating Form **and** written narrative feedback describing experiences, progress toward independence, and the quality of the supervisory relationship

Mid-Year and End-of-Year Review

Each Program Coordinator verbally presents aggregated mid-year feedback to the Training Committee. The Training Committee may recommend adjustments to goals, schedules, or training experiences. The process is repeated in the final month of internship.

Communication with Graduate Programs

In addition to the certificate of completion sent by the Director at the end of the internship, there are other occasions when the doctoral program may be contacted. To promote transparency, the internship program distinguishes between communication with doctoral programs that is optional and communication that is required.

• Optional contact occurs during informal support planning when communication may be beneficial but is not required.

• Required contact occurs when a concern is elevated to a Formal Improvement Plan, Remedial Action, or any circumstance in which the intern is at risk for not completing the internship.

These criteria ensure consistent communication while allowing flexibility for early, supportive collaboration.

DEFINITIONS

Performance Concerns

Performance concerns include behaviors or attitudes that impair professional functioning, such as:

1. Difficulty integrating professional standards
2. Insufficient competency development
3. Inability to manage stress or psychological issues

To support consistent decision making, these concerns are organized into three categories. Each category reflects the level of risk, the potential impact on patient care, and the intern's responsiveness to feedback. Using this structure helps the training committee:

- Apply the same criteria when evaluating similar situations
- Differentiate between minor concerns that require monitoring and more serious issues that call for formal remediation
- Ensure decisions are based on observable behavior and documented patterns rather than subjective impressions
- Promote fairness and transparency across trainees
- Provide interns with clear expectations and consistent pathways for improvement

Informal Challenges

A pattern of minor concerns or developmental learning needs that do not pose a risk to patient care but have not improved despite standard, ongoing supervisory feedback and can be addressed through an informal support plan.

Serious Professional Impairment

Persistent or broad-impact concerns that may affect patient care and require a Formal Improvement Plan or, if unaddressed, potentially remedial action. Indicators include:

1. Failure to acknowledge or address the problem
2. Negative impact on service quality
3. Problems across multiple domains
4. Disproportionate faculty attention required
5. Lack of improvement following feedback or informal support

Grave Professional Impairment

Acute, high-risk behaviors or policy violations that require immediate remedial action due to potential harm or major ethical or legal concerns.

Intern Training Modification

The program distinguishes between various levels of training modification:

1. **Informal support modifications:** Temporary minor schedule or workload changes; developmentally typical and short term.
2. **Training schedule modifications as part of a Formal Improvement Plan:** Structured timeline and plan to address identified significant concerns.
3. **Administrative leave (remedial actions):** Temporary removal of clinical duties due to serious concerns or risk.

Each step reflects increasing severity and carries different documentation and notification requirements. All schedule and/or workload modifications must be within overall programmatic requirements.

Supervisor Performance Concerns

Concerns may include:

1. Limited availability
2. Perceived unfair evaluations
3. Poor supervision quality
4. Personality conflicts

Serious supervisor impairment includes:

1. Sexual misconduct
2. Threatening or assaultive behavior
3. Working while intoxicated

IDENTIFICATION OF CONCERNS

A performance concern may be identified when:

1. A supervisor submits a competency rating narrative form indicating concern at any time
2. At the six-month evaluation, any competency with an average rating of 2.5 or below is considered significantly below developmental expectations. Because this reflects at least one supervisor rating the competency as a two, the Program Coordinator and Internship Director must review the concern.
3. At the nine- or 12-month evaluations, any competency with an average rating of 3.5 or below is considered below the expected developmental benchmark. Because this reflects at least one supervisor rating the competency as three, the Program Coordinator and Internship Director must review the concern.
4. A serious ethics, legal, or competence concern is raised

All concerns are reviewed first by the Program Coordinator and Internship Director, who determine whether the issue requires:

1. Informal support
2. Formal Improvement Plan
3. Immediate Remedial Action

If a Formal Improvement Plan or Remedial Action is deemed necessary, the concern is brought to the Internship Training Committee within three working days. Working days refer to Monday – Friday, excluding state holidays.

CORRECTIVE ACTION PROCESS

INFORMAL SUPPORT PLAN

Used when a pattern of concerns or skill deficits do not indicate serious impairment or affect patient care but have not responded to regular supervisory feedback. Informal support plans are usually implemented by the primary supervisor in consultation with the intern as well as the Program Coordinator and/or Internship Director.

Process:

1. Intern receives clear verbal notification of the issue
2. A plan for improvement is discussed with a clear timeline for progress
3. Informal support plans are documented within narrative competency evaluation forms
4. The graduate program DCT **may** be contacted for consultation but is not required to be contacted.

Possible informal support actions:

- Temporary schedule modification
- Temporary workload modification
- Additional supervision
- Additional individualized accommodation

Informal support plans are conceptualized as developmentally normative and not disciplinary in nature.

FORMAL IMPROVEMENT PLAN

Used when:

1. Concerns may indicate serious impairment
2. Informal support has not resulted in improvement
3. A supervisor submits a competency rating narrative form indicating significant issues

Process:

1. Internship Director and Training Committee review the concern with the primary supervisor to determine the necessity of a formal improvement plan. When the Internship Director and Program Coordinator determine that a Formal Improvement Plan may be warranted, the proposed plan is formulated in consultation with the primary supervisor and is presented to the Training Committee for review and input prior to finalization.

2. The Psychology Director reviews the proposed plan.

3. The Internship Director provides written notification to the intern and meets with the intern and Program Coordinator to review the plan and due process policies.

4. The formal improvement plan is usually implemented by the primary supervisor in consultation with the Program Coordinator and with oversight by the Internship Director.

5. The graduate program DCT will always be contacted when a formal improvement plan is implemented to maintain effective communication and communicate the intern's need for additional formal support.

Possible formal improvement actions:

Training Schedule Modification

When informal support efforts do not adequately assist an intern experiencing personal or mental health challenges or ongoing significant skill deficits, modifications to the intern's training schedule may be implemented in accordance with the requirements outlined below. The goal of any modification is to support the intern's return to a higher level of functioning, with the expectation that the intern will successfully complete the internship.

Possible modifications may include: a) increasing the amount of supervision, either with the same supervisor or additional supervisors; b) altering the format, focus, or emphasis of supervision; c) recommending personal therapy; d) reducing the intern's clinical or other workload; and/or e) requiring specific academic coursework.

The duration of any schedule modification will be determined by the Internship Director in consultation with the Primary Supervisor, Program Coordinator, and the Psychology Director. Decisions regarding the conclusion of the modification period will also be made by the Internship Director, in consultation with the Primary Supervisor, Program Coordinator, and the Psychology Director, following discussion with the intern.

A Formal Improvement Plan reflects that an intern requires structured support beyond informal feedback and/or support. Although this may occur in the context of significant stress or skill gaps during internship, it does not necessarily indicate severe impairment. The program views Formal Improvement Plans as part of a developmentally supportive continuum, becoming concerning only if the intern does not respond to the plan. Formal Improvement Plans are maintained in the intern's permanent training file for the duration of the internship and retained for APA accreditation review. They are not considered permanent disciplinary records unless elevated to remedial action.

FORMAL REMEDIAL ACTION

A record of formal remedial action will be kept indefinitely in the intern record and must be provided to licensure boards upon request. Remedial action does not automatically prohibit licensure but may result in additional scrutiny, possible delays, additional monitoring, or conditional licensure. Depending on the nature of the event resulting in remedial action, it is possible that a state licensing board may outright deny licensure, especially if the concern reflects significant ethical or competence concerns.

All remedial actions may be appealed via the Due Process and Grievance policies.

Used when:

1. Concerns indicate grave impairment
2. The nature of the concern violates hospital code of conduct, drug policies, and/or patient's rights
3. Informal support and formal improvement efforts have not resulted in improvement

Possible Remedial Actions:

Written Warning

In a letter from the Internship Director, a written warning will:

a) describe the problem behavior;
b) instruct the intern to discontinue the problem behavior;
c) describe the actions needed by the intern to correct the problem behavior;
d) provide a time frame for correcting the problem behavior;
e) describe what action will be taken if the problem behavior is not corrected; and
f) notify the intern of their right to appeal this action.

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;
b) the 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.

Review of Remedial Plan

If the Internship Director determines that there has not been sufficient improvement in the intern's behavior to remove the Probation, 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 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 period, implementation of an alternative plan, or additional remedial action.

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.

TYPES OF LEAVE

Voluntary and Involuntary Administrative Leave are both categorized as remedial actions but differ in purpose:

- Voluntary Administrative Leave is used when the intern cannot function safely or adequately due to illness or other non-disciplinary concerns.
- Required Administrative Leave is used primarily in response to gross misconduct or safety violations.

Voluntary Administrative Leave

Voluntary administrative leave entails the temporary removal of an intern's responsibilities and privileges. This measure may be implemented in cases of serious violations of the APA Code of Ethics, when the intern presents a risk of physical or psychological harm to a patient or client, or when the intern is unable to function adequately despite a modified schedule or probation period due to physical, mental, or emotional illness.

If administrative leave prevents the intern from completing the required training hours for the internship, this will be documented in the intern's file, and the intern's academic program will be notified. The Internship Director will also inform the intern of any implications the administrative leave may have for their stipend and the accrual of benefits.

Required Administrative Leave

Required Administrative Leave may be implemented only when the Internship Director, in consultation with the Program Coordinator and the Psychology Director, determines that the intern has compromised the welfare of patients or grossly violated the hospital code of conduct.

If enacted, the intern's direct service activities will be halted for a specified period, as determined by the Internship Director in consultation with the Program Coordinator and the Psychology Director.

At the conclusion of the required administrative leave period, the intern's Program Coordinator, in consultation with the Internship Director, will evaluate the intern's readiness to resume direct service responsibilities.

If the involuntary administrative leave affects the intern's ability to complete the required training hours, this will be documented in the intern's file, and the academic program will be notified. The Internship Director will also inform the intern of any implications the administrative leave may have for their stipend and benefits.

DISMISSAL

If targeted interventions and/or remedial actions do not correct the intern's impairment within a reasonable period, and the intern appears unable or unwilling to modify their behavior, the Internship Director will consult with both APPIC and the Director of Psychology to consider the appropriateness of dismissal from the training program.

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

Should an intern be dismissed, the Internship Director will formally notify the intern's academic department that the internship has not been successfully completed.

The graduate program is always notified when formal improvement plans or remedial actions occur and/or when the intern is at risk of non-completion.

SUPERVISOR PERFORMANCE CONCERNS

Intern and supervisor performance concerns follow parallel but distinct pathways. Intern-related concerns prioritize training needs, while supervisor-related concerns prioritize safe and effective supervision. Reassignment occurs when supervisor impairment may affect the intern's progress or well-being, whereas grievances address unresolved disagreements or procedural concerns.

Interns may raise concerns about supervisors using the following process:

1. Report the concern to the Program Coordinator or Internship Director.
2. If the concern does not indicate serious impairment:
    a. Informal resolution is pursued first
    b. Supervisor reassignment is granted when doing so is feasible and appropriate based on supervisory resources, training needs, and the nature of the concern. When reassignment is not possible, the Internship Director will work with the intern to identify alternative supervisory support.
3. If the concern may indicate serious impairment:
    a. The Psychology Director is notified
    b. The intern is reassigned immediately
    c. The Training Committee may revise the intern's training schedule
4. If the intern disagrees with the determination, they may request review by the Psychology Director.
5. If unresolved, the intern may file a formal grievance.

DUE PROCESS & GRIEVANCE PROCEDURE

Due process rights apply at every stage of feedback and remediation. Appeals related to corrective actions, including informal support plans, formal improvement plans, and remedial actions, are handled through the program's Due Process pathway. Grievances, however, address concerns about supervisor's conduct or disagreements with Training Committee decisions. The Internship Director will assist in determining whether a concern should be addressed through the Due Process appeal process or the grievance procedure.

PRINCIPLES OF DUE PROCESS

Interns have the right to:

1. Be informed of concerns in a timely manner
2. Understand the basis for decisions
3. Receive written documentation of formal actions
4. Have adequate time to address the concerns
5. Access a clear process for disputing or appealing decisions

All decisions are based on multiple sources of information and documented appropriately.

FILING A GRIEVANCE

A grievance may challenge:

1. An unresolved supervisor conduct concern
2. A Training Committee decision

The grievance must be submitted in writing to the Internship Director with supporting documentation.

REVIEW PROCESS

1. Within three working days, the Internship Director notifies the Hospital Director.
2. The Hospital Director convenes a Review Panel of three psychology faculty.
3. Within five working days, the panel holds a hearing.
4. The intern may hear all facts and present information.
5. Within three working days, the panel submits a written report with recommendations.
6. Within three working days, the Hospital Director accepts or rejects the recommendations.
7. If rejected due to inadequate evaluation, the matter returns to the panel for further review.
8. The panel submits revised recommendations within five working days.
9. The Hospital Director issues the final decision.
10. The Internship Director informs the intern and relevant staff of the outcome.

DOCUMENTATION AND COMMUNICATION

All formal remedial action and grievance outcomes are documented in the intern's permanent training file. Informal support is documented only within the competency evaluation forms. Graduate programs are notified only when required by formal performance plan, remedial action, and/or risk of non-completion.

POLICY DISTRIBUTION AND REVIEW

This policy is provided to all interns and Psychology faculty and supervisors at the start of the training year and reviewed annually by the Training Committee to ensure clarity, fairness, and alignment with professional standards.

ADDITIONAL CONCERNS

The APPIC Informal Problem Consultation (IPC) process is an external, confidential resource that does not replace internal CRH due process or grievance procedures. IPC involvement does not initiate a formal complaint against the internship program unless the intern chooses to pursue one. Interns are encouraged to use IPC for guidance while continuing to follow internal CRH policies.

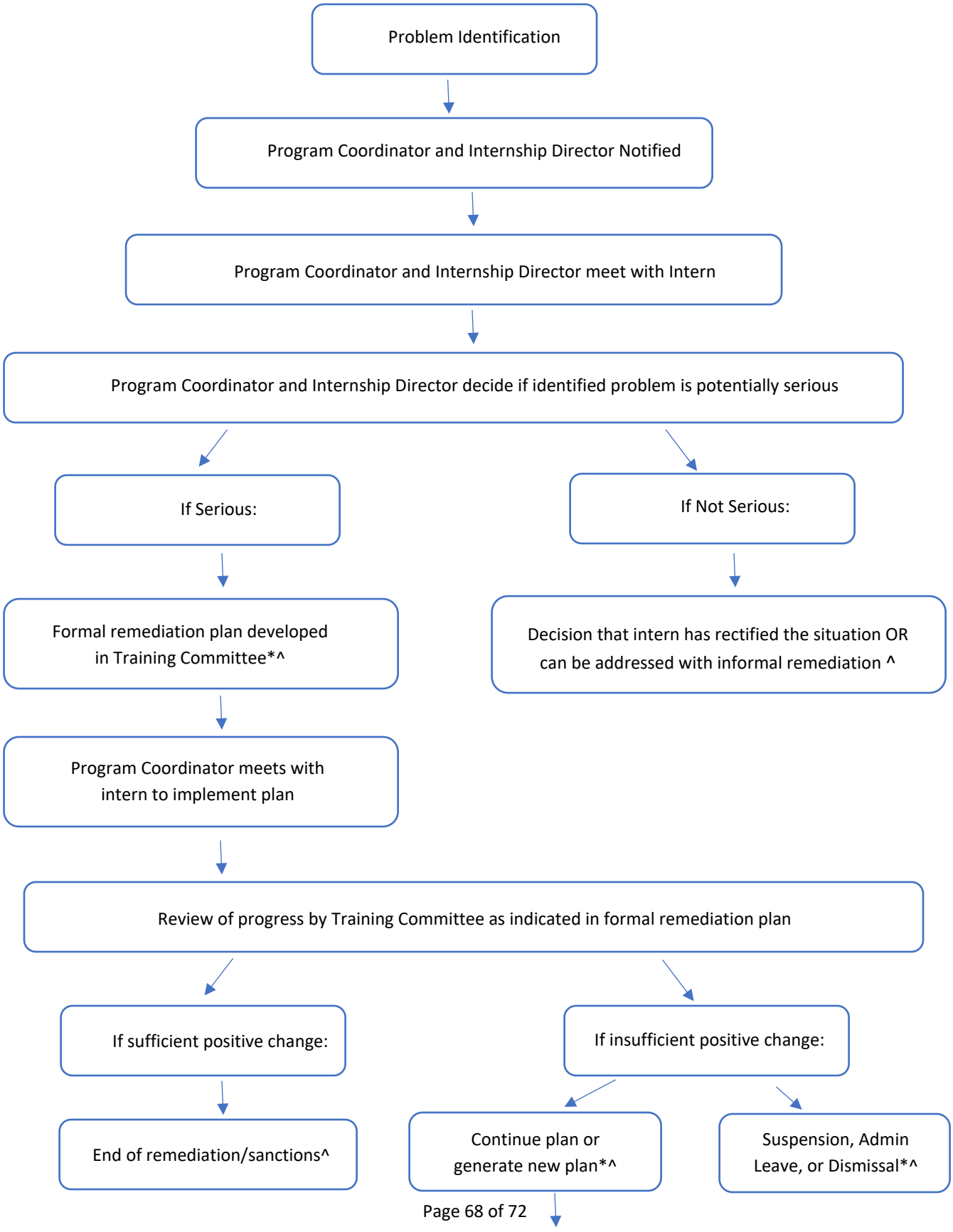
How to Submit an IPC Request

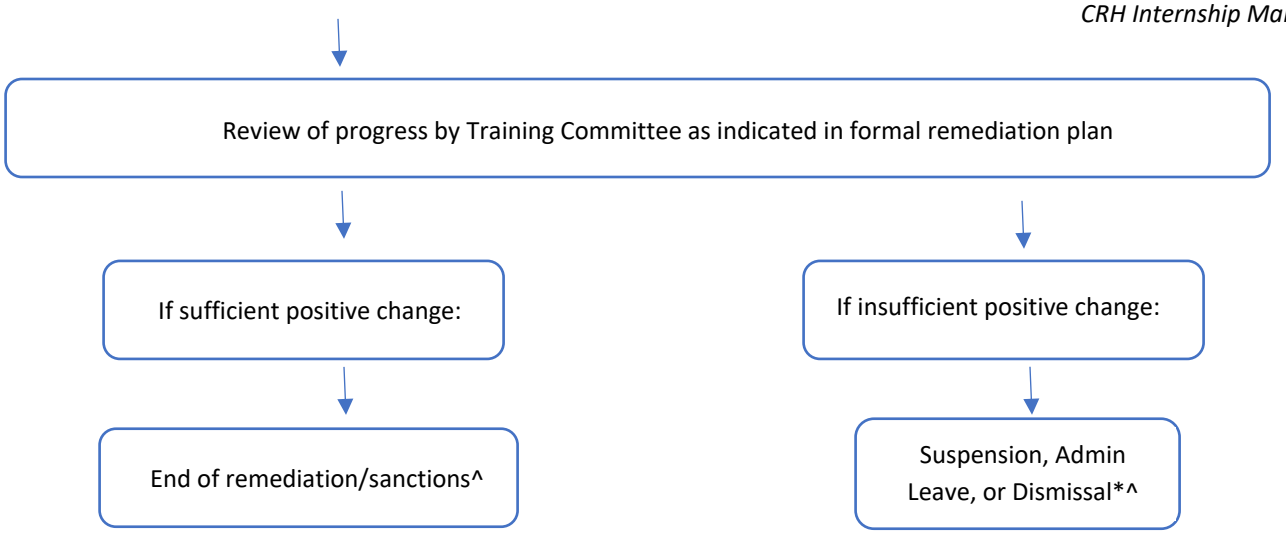
Interns may contact APPIC using any of the following methods:

- Online Submission: Complete the IPC form available on the APPIC website. Submissions are routed directly to the APPIC Board and Executive Director for review.
- Email Consultation**:** Interns may email the APPIC Standards and Review Committee (ASARC) at **appic@appic.org** to request informal guidance.

Interns are strongly encouraged to keep their doctoral program DCT informed when seeking external consultation, so the doctoral program can provide support and guidance as needed.

Remediation Flow Chart





*Intern may challenge at this time with a formal grievance

^As appropriate, Internship Director will inform graduate program

INTERNSHIP PROGRAM TABLES

DATE PROGRAM TABLES UPDATED: 6/03/26

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 44 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 500
Total Direct Contact Assessment Hours	Y	Amount 75

Describe any other required minimum criteria used to screen applicants:

Doctoral candidates in APA-approved or CPA approved clinical or counseling psychology programs. APA-approved or CPA-approved school psychology programs are accepted for the Child-Adolescent 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 three 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:	$39,500.
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 (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 four hours 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. Interns may use personal leave hours as sick time or vacation.

An Aggregated Tally for the Preceding Three Cohorts 2024-2026

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

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

Initial Post-Internship Positions	Post-doctoral Residency	Employed Position
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center		
Military health center		
Academic health center		
Other medical center or hospital	4	
Psychiatric hospital	3	
Academic university/department	1	
Community college or other teaching setting		
Independent research institution		
Correctional facility	2	
School district/system		
Independent practice setting	2	
Not currently employed		
Changed to another field		
Other		