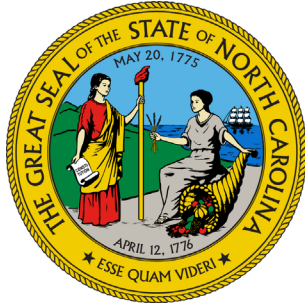




NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of State Operated
Healthcare Facilities

Central Regional Hospital Psychology Practicum Program Manual



Department of Psychology Practicum Program

The Department of Psychology at Central Regional Hospital (CRH) offers practicum opportunities and comprehensive clinical training to doctoral and master's level students. 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.

Practicum Experiences

ADULT PRACTICUM

CRH has adult patient care units that are divided between four services: Adult Admissions Unit, Forensics Services Unit, Community Transitions Unit, and Geriatric Services Unit. Admission lengths vary greatly among the services and within the services, with stays ranging from several weeks to several years. All programs focus on stabilization, diagnostic clarification, treatment of severe and persistent mental illness using evidenced-based models, behavior management, violence risk reduction, and identification of needs upon discharge that are multiculturally sensitive. There is a multidisciplinary team approach to treatment across all services, providing ample opportunity to engage with professionals of other disciplines.

ADULT ADMISSIONS UNIT (AAU): The AAU units, totaling 148 beds, serve adults ages 18 to 64. Focus of treatment is diagnosis, behavior management, and brief therapy with people in the most acute phase of psychiatric illness. Students have opportunity to gain a real-time understanding of psychiatric illness from admission to stabilization. There is opportunity for assessment, specifically cognitive testing, adaptive functioning, and diagnostic clarification. Patients who have been found Incapable to Proceed (ITP) through the NC court system and need stabilization and capacity restoration treatment are also housed on AAU. Students may work with ITP patients in individual capacity restoration. In addition to complex legal issues, AAU patients frequently have psychiatric illness that is compounded by intellectual disability, neurocognitive impairment, traumatic brain injury, and/or major medical illness.

FORENSIC SERVICE UNIT (FSU): The FSU units, totaling 75 beds, house patients that have been adjudicated as Not Guilty by Reason of Insanity (NGRI) with some patients who are long-term Incapable to Proceed (ITP). There is an emphasis on individual and group treatment oriented toward resolution of the patient's legal situation and mitigating violence risk. Students may have opportunity to provide screening of ITP patients when they are first admitted to CRH and again to determine readiness for reevaluation of capacity as well as provide individual capacity restoration. Students may also have opportunity to complete a Violence Risk Assessment and to observe capacity to proceed evaluations for defendants in criminal proceedings conducted by our forensic evaluation service.

COMMUNITY TRANSITIONS UNIT (CTU): The CTU units, totaling 76 beds, serve adults ages 18 to 64 who typically transfer from AAU and need continued intensive inpatient treatment. Patients are generally more psychiatrically stable upon transfer to the CTU but may have chronic, long-term symptoms that interfere with their functioning. Focus of treatment is further diagnostic clarification, adaptive skills development, and nuanced behavioral support to improve baseline psychiatric stability, skill generalization, and community re-entry.

GERIATRIC SERVICES UNIT (GSU): The GSU units, totaling 40 beds, serve adults ages 65 and older who have been diagnosed with severe and persistent mental illness and/or dementia with behavioral disturbances, usually with medical issues related to aging. **Students may have opportunity to provide neuropsychological testing as addendum to work done on other tracks, but it is not offered as a primary rotation at this time.**

While specific practicum training goals can vary between services, the CRH adult practicum program aims to address the following:

1. Refine diagnostic and case conceptualization skills with emphasis on trauma-informed care;
2. Gain experience selecting and implementing evidence-based interventions tailored to fit the unique needs of adults in an inpatient setting;
3. Learn to select, administer, score, and interpret psychological assessment measures to answer a variety of specific referral questions;
4. Strengthen consultation and multidisciplinary collaboration skills within a hospital setting;
5. Enhance basic clinical skills such as developing and maintaining rapport with patients; and
6. Practice utilizing and modeling effective behavior management and milieu therapy techniques.

CHILD ADOLESCENT PRACTICUM

The Child and Adolescent Unit (CAU) at Central Regional Hospital is comprised of two programs: The Adolescent Program serves ages 12- to 17-year-olds from the central region of NC and the Child Program serves 5- to 11-year-olds from across the entire state, with representation across all intersections of diversity. Patients typically present with acute safety concerns, significant behavioral difficulties, and/or complex psychiatric needs. A significant majority of CAU patients have experienced complex trauma and chronic adverse experiences. Both the Child and Adolescent programs focus on stabilization, assessment and diagnostic clarification, person-centered intervention fostering increased repertoire of coping skills, and identification of needs upon discharge.

The **CAU practicum** offers a breadth of training opportunities in assessment, intervention, and consultation with a diverse patient population experiencing difficulties severe enough to warrant hospitalization. Due to the fast pace and acute nature of the inpatient setting, advanced students with previous practicum experience are strongly preferred.

NEUROPSYCHOLOGY PRACTICUM

Supervisor: Eric Elbogen, Ph. D

This program offers trainees comprehensive experience in neuropsychological assessment within a state hospital setting, focusing on both acute care and long-term rehabilitation units. Trainees

conduct one assessment per week, addressing a variety of referral questions, including diagnostic clarification, treatment planning, and discharge recommendations. Some cases may also involve forensic issues such as competency to stand trial or violence risk assessment. The program's primary objectives are to build expertise in neuropsychological testing with a psychiatric population, deepen understanding of the empirical literature on the neuropsychology of mental disorders, and develop skills in translating complex test results into practical, user-friendly recommendations for psychiatrists, nurses, and other mental health professionals.

Participants follow a structured assessment process, beginning with a thorough review of the patient's neurological, psychiatric, behavioral, and legal history. They observe a clinical interview to evaluate mental status and behavior before administering a battery of neuropsychological tests, including the Trail Making Test, Wisconsin Card Sorting Test, and Wechsler Memory Scale, among others. Depending on the referral question, additional psychological or forensic measures may be used, such as the HCR-20 v3 or the Personality Assessment Inventory. Trainees are responsible for scoring the tests, converting raw scores, and drafting a comprehensive report. They then participate in a weekly one-hour supervision session to present their findings, discuss the implications of any neurological deficits, and revise the report based on supervisor feedback. Within one week of testing, trainees communicate their findings to the patient's psychiatrist to inform inpatient treatment and discharge planning.

Weekly supervision sessions are a core component of the program. During these sessions, trainees present their case of the week, analyze findings, and discuss their implications for rehabilitation. Supervision also includes a review of assigned empirical articles, which trainees are expected to apply to their clinical cases. The program maintains an annually updated library of articles on the neuropsychology and rehabilitation of psychiatric disorders. Supplementary readings are selected as needed to address specific clinical presentations, such as neuropsychological findings associated with Traumatic Brain Injury, HIV dementia, Korsakoff's Syndrome, and competency to stand trial.

PSYCHOSOCIAL TREATMENT DEPARTMENT

Supervisor: Dr. Vanessa Venable

Psychosocial Treatment (PST) is a large and diverse branch of services at CRH that includes four departments and approximately 130 positions of various classifications. The purpose of PST is to provide group programming to all patients. The programming provided is directly related to each patient's long and short-term treatment plan goals. PST Departments include the Community Living Program (CLP), Clinical Treatment Services (CTS), Child and Adolescent Programming (CAP) and Treatment Operations (TO).

CTS is responsible for oversight of the quality and clinical integrity of group and some individual treatments, implementation of these treatments, assessment, group substance use treatment, occupational therapy for all patients, and ongoing communication between PST and Patient Care

Unit (PCU) treatment teams. CTS includes the following services: Creative Expressive Arts Therapies, Occupational Therapy (OT), Psychological Group Services (Psychology, Social Work, Mental Health Counseling, Art Therapy, Music Therapy), Recreational Therapy, Nursing, and Addiction Specialists.

Each student will lead/co-lead small and large group treatment focused on therapy and substance use treatment. Other professional development opportunities include observing group treatment from other disciplines, departmental meetings, weekly supervision, and educational opportunities offered weekly through the hospital. Once the orientation phase is complete, students should expect to provide four hours of direct therapy daily. All group treatment will be observed by the direct supervisor regularly.

Practicum students are encouraged but are not required to have clinical experience with adults with psychiatric disorders. Students should have a strong and sincere interest in learning more about psychiatric illness, trauma-informed care, how therapy can be used to foster our patient's quality of life and help them make progress toward their goals. Students will be encouraged to facilitate treatment with patients of all ages. Because of the severity and acuity of this population, it is **required** that applicants visit the facility before an offer will be considered. It is important that students possess time management skills, the ability to provide a variety of activity-/insight-oriented interventions and be familiar with age/culturally appropriate interventions.

NOTE: Contact Dr. Vanessa Venable directly at vanessa.venable@dhhs.nc.gov if interested ONLY in a PST practicum or internship.

Contact Dr. Michelle Marquez at michelle.marquez@dhhs.nc.gov if interested in splitting practicum experience between the Psychology and Psychosocial Treatment Departments.

APPLICATION PROCESS

ALL APPLICATIONS DUE BY MARCH 31

EXPERIENCE: Central Regional Hospital can be an intense training experience. The ideal applicant must have relevant previous experience and the ability to be flexible, timely with documentation, and to work independently when ready as deemed appropriate in consultation with supervisors.

Students must be from APA accredited programs at the pre-doctoral level. To apply, please send a copy of your CV including three references and your rotation preferences/interests to the Director of Clinical Training, Dr. Michelle Marquez at michelle.marquez@dhhs.nc.gov.

If your application and experience are a good fit, you will be contacted to discuss your general interests further. Then you will be matched with potential supervisors who will schedule an interview to discuss the specifics of your interests, the rotation itself, and assess the supervisory match. Once this process is completed and all parties agree, you will be contacted with an official offer and further administrative documentation requirements. **An interview does not guarantee a practicum placement.**

HOURS REQUIRED:

ADULT PRACTICUM: One day **minimum**. Although the minimum amount of time is required to meet educational program requirements, students may be required by either their educational program or individual supervisor to be on site more frequently to meet patient treatment needs, student professional development, and program requirements.

CHILD ADOLESCENT PRACTICUM: **Maximum** of 16 hours per week.

NEUROPSYCHOLOGY PRACTICUM: One day, **Thursday required**.

PSYCHOSOCIAL TREATMENT: Three consecutive days, **Mon-Thurs only**. *NOTE: PST also has a separate application process for a Spring semester only rotation; contact Dr. Vanessa Venable directly for Spring application processes and deadlines.*

DAYS/TIMES REQUIRED: The specific days are negotiable; however, certain days may be preferable or required, depending on rotation. General work hours are from 8 a.m. to 5 p.m. Monday through Friday. Practicum will not be held on State Holidays. Students will be required to attend an orientation and complete all required hospital training prior to working directly with patients. *Students are expected to communicate with their supervisors regarding their preferred mode of communication (i.e, phone/email/text), need for time off, illness, or other times they will not be on site. Missed days can be made up if approved by your supervisor.* Practicum typically ends when the academic semester is complete; however, students have opted to stay on longer to complete more practice hours subject to the availability and approval of their supervisor.

APA INTERNS: Practicum students may have opportunity to be directly supervised by an APA Doctoral Intern with Senior or Chief Psychologist oversight, depending on rotation and availability. This is a unique opportunity to collaborate with Interns who are currently in training and ask questions about doctoral studies and professional development.

DIDACTICS: Practicum students have opportunity to attend Grand Rounds, Psychology seminars, online training, and case conferences as part of their experience, pending schedule.

HOURS PER WEEK IN DIRECT SERVICE: 40% - 60%; students will work with their supervisor to develop a caseload that is manageable and may participate in initial interviews, group treatment, and treatment planning meetings. *All documentation must be completed weekly in the time students are on site; work may not be completed from home.* Students are not allowed to see patients if their supervisor is not on site but can work on documentation, provided they leave the facility by 5 p.m. Students are required to keep track of their hours for their program/licensure requirements and should communicate with their supervisors frequently about hourly needs, desired practicum experiences, and additional opportunities available.

SUPERVISION/THEORETICAL ORIENTATION: Varies based on supervisor. Integrative, evidence-based behavioral and cognitive-behavioral treatment techniques used, with emphasis on appropriately adapting these techniques to fit the unique circumstances of the inpatient setting, as well as the individual strengths and needs of the patient. All practicum students are to receive one hour of supervision per week, with additional supervision provided via observation and as needed. Supervisors will work with students to determine their professional developmental level and ongoing growth needs.

HOSPITAL POLICIES

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

DRUG POLICY: 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 practicum students are required to submit a negative drug screening result as part of the CRH onboarding process. Universities are required to conduct drug screenings for students per University Agreements with CRH and must notify CRH of any positive results. All offers for practicum placement are conditional offers upon satisfactory test results. This includes all marijuana, THC, and CBD products, regardless of legality or possession of a medical prescription.

VACCINATIONS: All students must provide proof of immunity to measles, mumps, rubella, varicella, Tdap, proof of TB screening, and adhere to all CRH safety protocols, in accordance with DSOHF Policy IC 182 AL. COVID-19 vaccination is no longer required. Vaccination exemptions can be approved for legitimate medical reasons or religious reasons. Vaccination exemptions must be approved by administration on a case-by-case basis, are not guaranteed, and must be requested at least 15 days before the applicable deadline. Flu vaccination documentation is not required prior to beginning the practicum, but students will be required to get a flu shot once the most updated version becomes available each September. Proof of that vaccination or exemption is due by November 1st. Failure to provide proof of flu vaccination once it is available will result in disruption of practicum.

SAFETY: Student safety is our highest priority. All students will receive personal safety training prior to working with patients. No student will be asked to meet with a patient deemed unsafe and are encouraged to discuss safety concerns with their supervisor prior to beginning clinical work.

For additional questions please contact the CRH Director of Clinical Training, Dr. Michelle Marquez, at michelle.marquez@dhhs.nc.gov or at 919-764-5429.

North Carolina Department of Health and Human Services is an equal opportunity employer and provider.